962-126004-613

E OF BIRTH

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Lanark

No. ..... St.

Registration District No. 53

File No. 100801

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Hearn Roberts
(Certificate of no value without full name of child.)

Sex of Child	Twin or Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			1st	yes	4-26 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Owen Roberts	FULL MAIDEN NAME	Mary Ann Watkins
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Hutton

M.D.
(Physician or midwife)

Address Paris Idaho

Filed 6-2 1922 Mrs J. S. Skinner
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

... the number of each, in order of birth stated.

This is DEAN 1ST TWIN
DUP OF 1922-387352

363-130-004-459

PLACE OF BIRTH

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

DEPA[redacted]PARE
[redacted]TH

County of Bear Lake

City of Paris

No. ..... St.

Registration District No. .....

File No. 100802

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD ~~Not named~~ Died
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	X		X	Yes	5	30	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10% sol argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lemon Collings	FULL MAIDEN NAME	Olive DeRenzy
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Paris	BIRTHPLACE	Illinois
OCCUPATION	mechanic	OCCUPATION	housewife + stenographer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Dutton
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Paris, Ida

Filed 6-3 192.. Mrs J S Skinner
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Paris, Idaho

Street:

County: Bear Lake

File Number: 100802

Registration Dist. No.:

Date of Birth: May 30th 192.2

Sex of Child: Male

Father: Lyman Collings (Full Name)

Mother: Aline De Bergy (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

No Name. (Child's Name in Full)

Mrs. Lyman Collings (Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF C

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, pare and legitimacy.

It enables the Public Health Nurse to make sure the chil been protected from danger of blindness and other infections at b

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are pelled to furnish certified copies of certificates of birth, it is portant that the certificates be filed with the BUREAU OF VITAL ST TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

The baby only lived eleven hou was not ranked unless he coug

115-10
005-413

Form V. S. No. 11-C--25m-7-21-19

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County [redacted]

CERTIFICATE OF BIRTH

100803

City of Plummer, Idaho Registration District No. ~~30~~ 46 File No.

No. St.

Primary Registration District No. ~~1030~~ 2123 Registered No. 3

Hospital

FULL NAME OF CHILD Joseph Marvin Jaeger.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.	5	yes.	April (Month) 8th (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	H Garfield Jaeger.	FULL MAIDEN NAME	Avloine Mathews
RESIDENCE	Plummer, Idaho.	RESIDENCE	Plummer, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Minn	BIRTHPLACE	Minn.
OCCUPATION	Hwd Merchant.	OCCUPATION	Domestic, "House-wife"

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 4:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Herrington M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

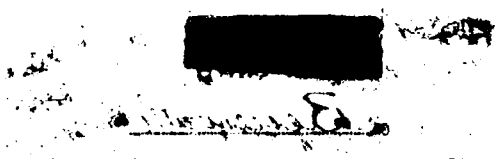
Address Hooley, Idaho.

Filed Apr. 9 1922 H G Jaeger
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



SEP 15 1942

244-205-005-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

No. ..... St. Registration District No. 31 File No. 100804

Hospital ..... Primary Registration District No. ..... Registered No. 13

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Alice Burke
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7.		yes	May 5 1922

What bactericidal solution was used in eyes? yes Lysol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	William Burke	FULL MAIDEN NAME	Josephine Garrick
RESIDENCE	Colville Wn	RESIDENCE	Colville Wn
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Colville Wn	BIRTHPLACE	Desmet, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Barteau
M D
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Desmet, Ida

Filed May 8 1922 Y. Le Bihan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-116-005-168

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100805

County of Benewah

City of Desmet

No. ..... St. ..... Registration District No. 31 File No. 2

Hospital Sisters Primary Registration District No. ..... Registered No. 14

FULL NAME OF CHILD Francis Joseph Landis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	May 16 1922

What bactericidal solution was used in eyes? yes Epsrall

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry Landis	FULL MAIDEN NAME	Eliza Johnson
RESIDENCE	Desmet, Ida	RESIDENCE	Desmet, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Portland Oregon	BIRTHPLACE	Pennsylvania
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William B. Riley
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Tekoa, Wash.

Filed May 17 1922 J. L. Bihan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1942

213-109.005-613

PLACE OF BIRTH

RECEIVED
JUN 7 192
BUREAU OF V
STATIS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

100806

CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

No. ..... St. Registration District No. 31 File No. 2

Hospital ..... Primary Registration District No. ..... Registered No. 15

FULL NAME OF CHILD Robert Eugene Backman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	May 9 1922

What bactericidal solution was used in eyes? Y

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Theodore Backman	FULL MAIDEN NAME	Zella Walker
RESIDENCE	Tensed Ida	RESIDENCE	Tensed Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Illinois	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William B. Riley
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Tekoa Wash

Filed May 18 1922 Y. L. Bihan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-211-005-713

PLACE OF BIRTH AMENDED AUGUST 16, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of DeSmet

No. ____ St.

Registration District No. 31

File No. 100807

Hospital ____

Primary Registration District No. ____

Registered No. 16

FULL NAME OF CHILD Adlyn Bazil
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	May 11, 1922

What bactericidal solution was used in eyes? Erperol

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Charles Bazil	FULL MAIDEN NAME	Rose Gates
RESIDENCE	DeSmet	RESIDENCE	DeSmet
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	DeSmet, Idaho	BIRTHPLACE	DeSmet, Idaho
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Physician Attended

Charles Bazil
(Physician or midwife)

Address ____

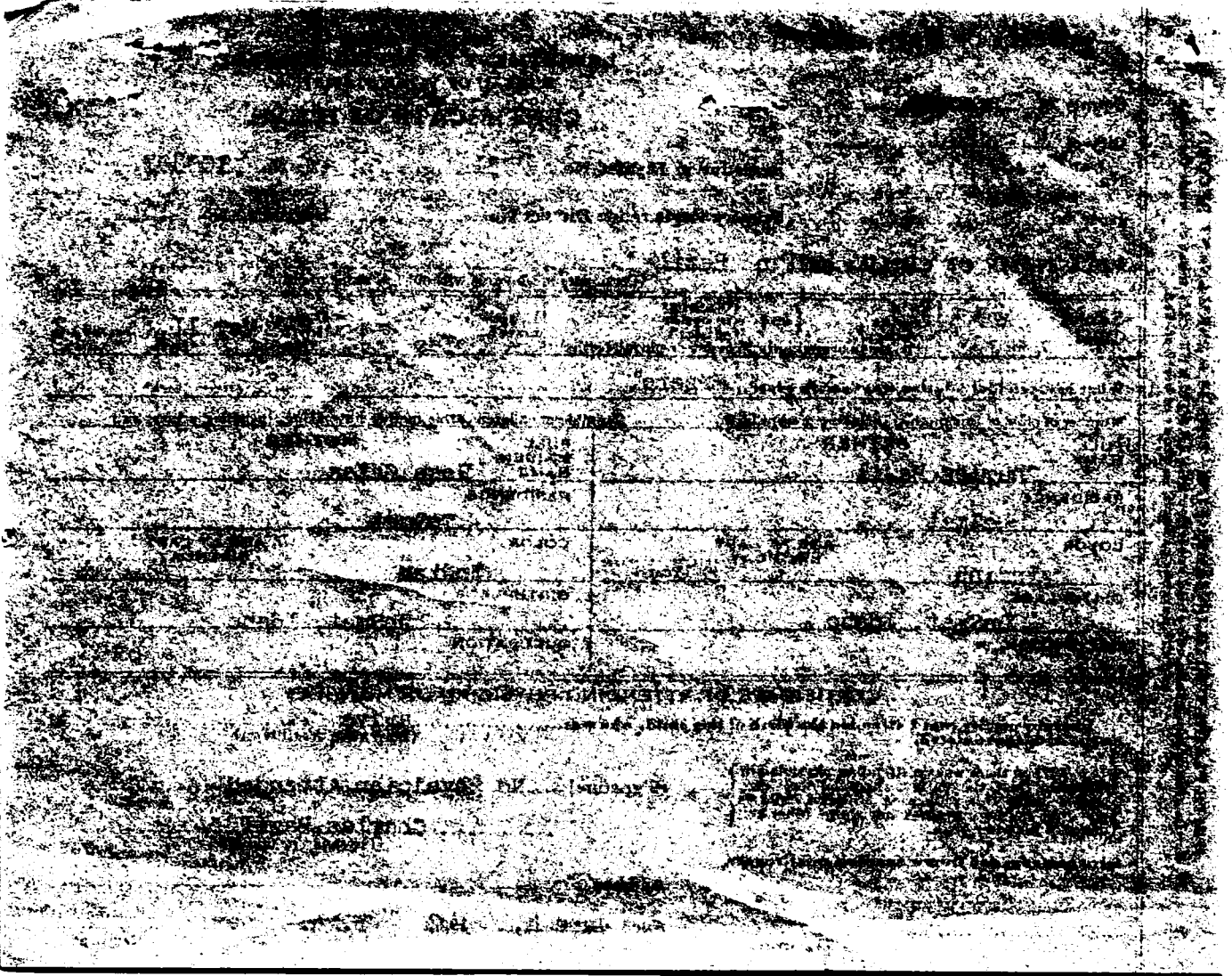
Give names added from a supplemental report.

____, 192____

____
Registrar.

Filed June 4, 1922 Y. L. Bihan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
AUG 31 1954
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane }

Certificate No. 100807

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Adeline Bazil (Name on Original Certificate) who was born (Was Born or Died) on May 11, 1922, (Date of Event)
in DeSmet, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the
true facts are shown by marriage certificate (Bible Record, Insurance Policy, Etc.) prepared on May 2, 1945 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
1st name of child (spelling)	Adeline	Adlyn

Subscribed and sworn to before me this 12 day of August, 1954

Notary Public, residing at Spokane, Washington
My commission expires [illegible]
(Seal)

Signed Rosa Bates Bazil
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
326 Lower Crossing, Spokane, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that ~~he~~ she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of August, 1954

Notary Public, residing at Spokane, Washington
My commission expires [illegible]
(Seal)

Signed Vina Spaulding
(Signature of Any Credible Person)
326 Lower Crossing, Spokane, Wash.
(Street Address, City, State)

DPH 52-155

791-228-005-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benerrah

City of St. Maries

No. 11th + College St. Registration No. 32 File No. 100808

Hospital St. Maries Primary Registration District No. 2049 Registered No. 42

FULL NAME OF CHILD Marion Mae Graves.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	5-28-1922

What bactericidal solution was used in eyes? Argyrol 10% Solution.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Fred Wilbur Graves.	FULL MAIDEN NAME	Byrdell Inez Hardie
RESIDENCE	Plummer Ida.	RESIDENCE	Plummer, Ida.
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Port Huron, Mich.	BIRTHPLACE	Port Huron, Mich
OCCUPATION	Rancher + logger	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 10 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address St. Maries Ida

Filed June 3 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

415-224-005-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 192
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah
City of St. Maries
No. 11th & College St.
Hospital

Registration District No. 32
Primary Registration District No. 2049
File No. 100809
Registered No. 41

FULL NAME OF CHILD Helen Jean Davis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				Yes	5-24-1922

What bactericidal solution was used in eyes? Argyrol 10% Solution

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Davis Fred Bradford	FULL MAIDEN NAME	Hill Pauline Harriett
RESIDENCE	St. Maries Ida.	RESIDENCE	St. Maries Ida.
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Missouri	BIRTHPLACE	Ontario, Canada
OCCUPATION	Merchant.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Robinson
Physician
(Physician or ~~midwife~~)
Address St. Maries Ida

Filed June 3 1922 H. E. Hunt
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 29 1965
MAY 12 1967

944-123-005-718

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100810

County of Benewah

City of St. Maries

No. 11th + College St.

Registration District No. 32

File No.

Hospital St. Maries

Primary Registration District No. 2049

Registered No. 40

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Robert Eugene Rudy.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—		—	Yes	5-23-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol. 10% Solution.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Rudy, Fred Harrison	FULL MAIDEN NAME	Violet Gay.
RESIDENCE	St. Joe, Ida.	RESIDENCE	St Joe, Ida.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Pensylvania	BIRTHPLACE	England.
OCCUPATION	Laborer.	OCCUPATION	Houserrife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 36 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Robins

Physician
(Physician ~~or midwife~~)

Address St. Maries Ida

Filed June 3 1922 H E Hamp
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-1-41

437-117-005-243

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah
City of St. Maries
No. 11th + College St.
Hospital St. Maries

Registration District No. 32
Primary Registration District No. 2049

File No. 100811
Registered No. 39

FULL NAME OF CHILD Joseph Bulman McGee.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	5 - 17 - 1922

What bactericidal solution was used in eyes? Argyrol - 10% Solution

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Geo. Washington McGee.	FULL MAIDEN NAME	Josephine Bulman
RESIDENCE	St. Maries. Ida	RESIDENCE	St. Maries Ida
COLOR	W. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Wisconsin
OCCUPATION	R.R. Conductor.	OCCUPATION	Houserwife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 45 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Robins
Physician
(Physician ~~or midwife~~)

Address St. Maries Ida

Filed June 3 1922 H E Hrozn
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-289.005-744

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah
City of St. Maries
No. 11th + College St.
Hospital St. Maries
Registration District No. 32
Primary Registration District No. 2049
File No. 100812
Registered No. 38

FULL NAME OF CHILD Mary Elizabeth Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	and		Yes	4-29-1922

What bactericidal solution was used in eyes? Argyrol 10% Solution

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chas. Oscar Brown	FULL MAIDEN NAME	Wilma Gum
RESIDENCE	St. Maries Ida	RESIDENCE	St. Maries, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2.10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]

(Physician or ~~midwife~~)

Address St Maries

Filed June 3 1922 H E Edmunds
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 1970

MAY 24 1945

469-129-005-256

PLACE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St. .....

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100813

Registration District No. 32 File No. .....

Primary Registration District No. 2049 Registered No. 37

FULL NAME OF CHILD Infant DeMartz

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	1	Yes	May 29 1922

What bacterieidal solution was used in eyes? Protargol Gtts

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ernest L. Martz	FULL MAIDEN NAME	Marie A. Seward
RESIDENCE	Chatcolet Ida	RESIDENCE	Chatcolet Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mich.	BIRTHPLACE	Mich
OCCUPATION	Logger	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

8.30 P

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Platt M.D.

(Physician or midwife)

Address St Maries

Filed June 2 1922 A. E. Hand Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

JAN 6 1942

817-125-005-269

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Registration District No. 32

File No. 100814

Hospital ..... Primary Registration District No. 2049 Registered No. 36

FULL NAME OF CHILD Gordon Edward Hagan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		1	yes	5 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Prolongol Sol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edward O. Hagan	FULL MAIDEN NAME	Lydia Barden
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Sioux Falls So Dak	BIRTHPLACE	Wis
OCCUPATION	Millman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 39 M. on the date above stated.
(Born alive or stillborn)

*When there is no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Platt

Phy
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address St Maries

Filed June 2 1922 H E Hunt
Registrar.

and the number of ea

JAN 23 1952

993-224-005-853

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Treffrey

No. ..... St.

Registration District No. 32

File No. 100815

Hospital ..... Primary Registration District No. 2049

Registered No. 35

FULL NAME OF CHILD Virginia Aleda Richardson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		2	Yes	5 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Prolargol Sol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chester Richardson	FULL MAIDEN NAME	Lillie A. Helgeson
RESIDENCE	[redacted] Idaho	RESIDENCE	Treffrey, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ohio	BIRTHPLACE	Minn
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby [illegible] that I attended the birth of this child, who was ....., at 6.30 a M. on the date [illegible]ated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the [illegible], householder, etc., should make this return [illegible] stillborn child is one that neither breathes [illegible] shows other evidence of life after birth.

(Signature) O. D. Platt

Phy
(Physician or midwife)

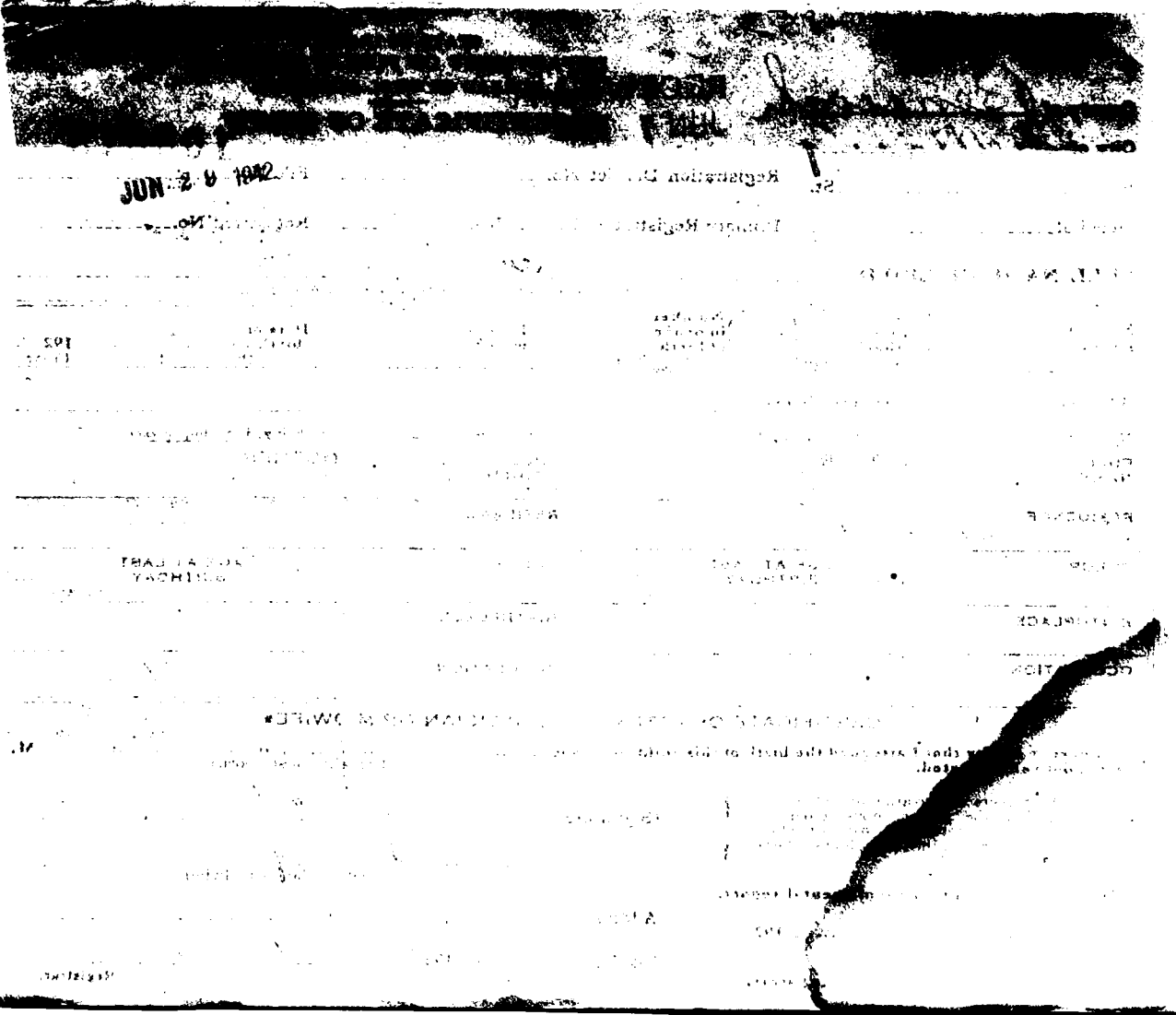
Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address St. Maries

Filed June 2 1922 H E Hunt
Registrar.


JUN 2 0 1982

859-218-005-168

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Registration District No. 32 File No. 100816

Hospital ..... Primary Registration District No. 2049 Registered No. 34

FULL NAME OF CHILD ~~Frederick Virginia~~ FREDRICA VIRGINIA Henrick
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
7	-		3	yes	5	18	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargol sol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Fred Henrick	FULL MAIDEN NAME	Anna Johnson
RESIDENCE	St Maries Idu	RESIDENCE	St Maries Idu
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	68	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Wis	BIRTHPLACE	Mich
OCCUPATION	Lumberman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4.40 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt.

Phy
(Physician or midwife)

Address St Maries

Filed June 2 1922 H E Henrick
Registrar.

Give names added from a supplemental report.

....., 192....

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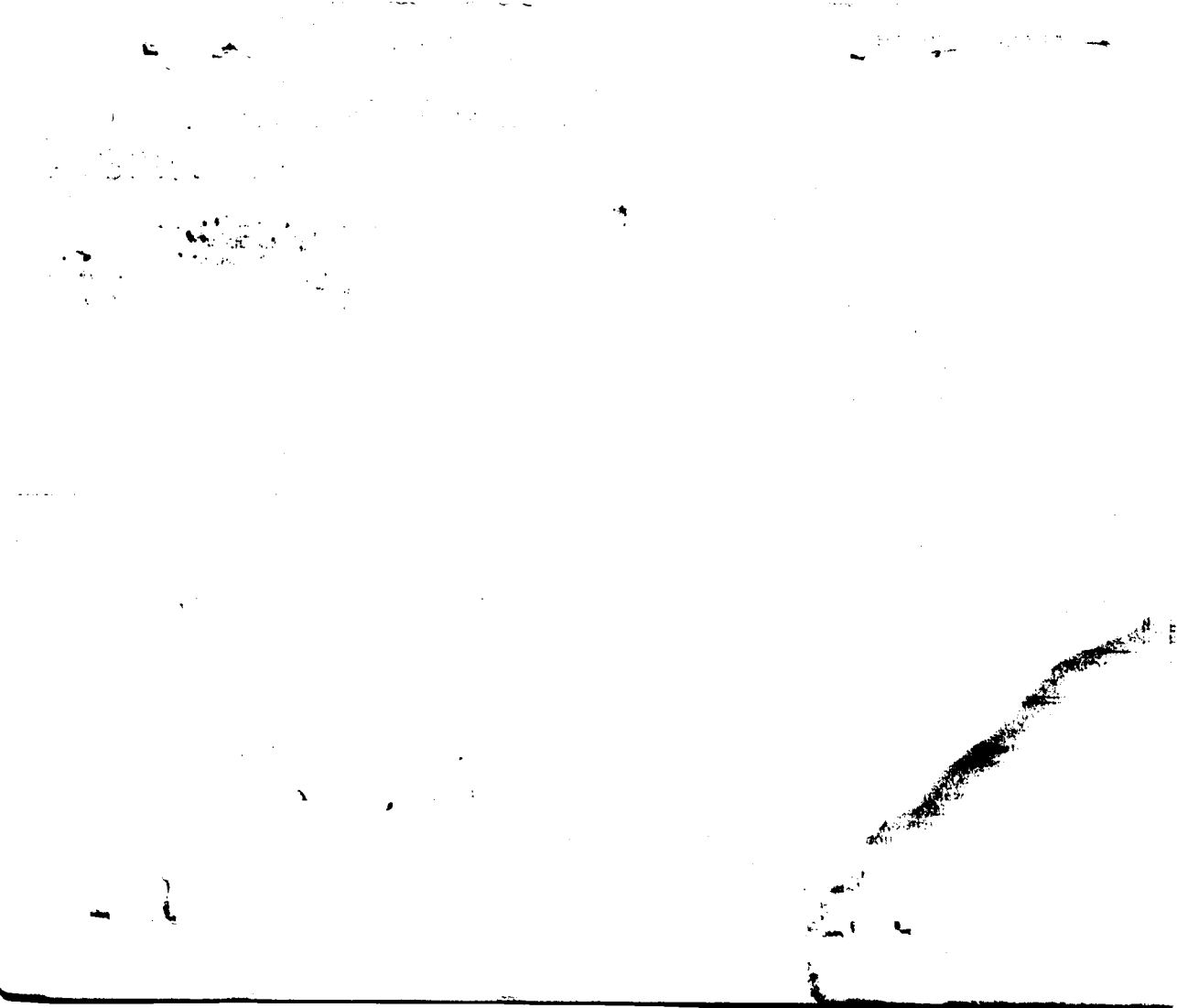
Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington
County of King } ss.

Certificate No. 100816

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Fredricka Herrick (Name on Original Certificate) who born (Was Born or Died) on May 18, 1922 (Date of Event)
in St. Maries, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on shortly after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Fredericka	Fredrica Virginia Herrick

Subscribed and sworn to before me this 29th day of July 19 43.

Notary Public, residing at Seattle, Wash.

My commission expires 9-15-45
(Seal)

Signed Helen Herrick Malsed
eldest sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2916 W. Lynn, Seattle, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of King } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of July 19 43.

Notary Public, residing at Seattle, Wash.

My commission expires 9-15-45
(Seal)

Signed W. P. Malsed brother-in-law
(Signature of Any Credible Person Other Than Previous Year)

2916 West Lynn. Seattle
(Street Address, City, State)

None

AUG 3 1943

213-11-205-364

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

County of Benewah

City of St Maries

No. ..... St.

Registration District No. 53

File No. 100817

Hospital

Primary Registration District No. 1049

Registered No. 33

FULL NAME OF CHILD Hilmar V. Sather

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	2	Yes	5, 11 192 2

What bactericidal solution was used in eyes? Protargol sol.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Hilmar Sather	Georgia L. Council
RESIDENCE	Spokane Wash	Spokane Wn.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	20
BIRTHPLACE	Norway	Arkansas
OCCUPATION	Laborer	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Hall

Phy

(Physician or midwife)

Address St Maries

Filed June 8 1922 H Eldunk

Registrar.

Give names added from a supplemental report.

....., 192.....

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Registrar.

JAN 15 1942

243-211-005 693

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Registration District No. 32 File No. 100818

Hospital ..... Primary Registration District No. 2049 Registered No. 32

FULL NAME OF CHILD Edith B. Buchanan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F	4	Yes	5 11 1922

What bactericidal solution was used in eyes? Pyrargol Sol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Donald Buchanan	FULL MAIDEN NAME	Pearl Wilson
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	No Carolina	BIRTHPLACE	Wash
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Platt
Phy
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address St Maries

Filed June 2 1922 H E Hunt
Registrar.

APR 15 1942

MAY 15 1944

453206.005-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bentwah

City of St. Maries

No. ..... St.

Registration District No. 32

File No. 100819

Hospital

Primary Registration District No. 2049

Registered No. 31

FULL NAME OF CHILD HANORA BARBARA Dellwo

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
F	—		1	Yes	5	6	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Prolargol Sol

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Joseph Dellwo	FULL MAIDEN NAME	Anna Hanel
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Minn	BIRTHPLACE	Neb
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6:30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Plaid

Phy

(Physician or midwife)

Give names added from a supplemental report.

..... 192....

Registrar.

Address St. Maries

Filed June 2 1922 H. E. Hunt

Registrar.

WRI_PARK
STICS

IRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 100819

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on May 6, 1922 (Date of Event)
in Harrison, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by certificate of baptism (Bible Record, Insurance Policy, Etc.) prepared on May 16, 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Hanora Barbara Dellwo

Subscribed and sworn to before me this 3rd
day of June, 19 42

Norma Cunningham
Notary Public, residing at Spokane, Washington
My commission expires June 14, 1944.
(Seal)

Signed Fred F Simmons
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of June, 19 42.

Norma Cunningham
Notary Public, residing at Spokane, Washington
My commission expires June 14, 1944.
(Seal)

Signed Rose Cook
(Signature of Any Credible Person Other Than Previous Year)

720 South Cowley St Spokane, Wash
(Street Address, City, State)

JUN 6 1942

JUN 8 1942

369-224-005-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kenewah

City of St Maries

No. ..... St.

Registration District No. 32

File No. 100820

Hospital .....

Primary Registration District No. 2049

Registered No. 30

FULL NAME OF CHILD Margaret Jean Cory

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
7	—		8	yes	4 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Prolargol sol

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	David Cory	FULL MAIDEN NAME	Olive Scott
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ohio	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Ph

(Physician or midwife)

Give names added from a supplemental report.

Address St Maries

....., 192....

Filed June 2 1922

H E Hunt

Registrar.

K

MAY 17 1943

553-128-
006-493

PLACE OF BIRTH [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham

City of Aberdeen

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 100821

No. ..... St.

Hospital ..... Primary Registration District No. 2195 Registered No. 721

FULL NAME OF CHILD Harry Herbert Netz
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	–	–	–	yes	May 28 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Edward Netz	FULL MAIDEN NAME	Mary Miller
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Russia	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed May 28 1922 McKinnon
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 2 2 1947

243-116-006-865

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13

County of Bingham

City of Pingree

No. ____ St.

Registration District No. 116

File No. 100822

Hospital ____

Primary Registration District No. 2185

Registered No. 720

FULL NAME OF CHILD Harold Leon Buchanan

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	May 16 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	George Euette Buchanan	FULL MAIDEN NAME	Dortha Howe
RESIDENCE	Pingree Idaho	RESIDENCE	Pingree Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jn. C. Markinson M.D.

Physician

(Physician or midwife)

Address Aberdeen Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed May 16 1922 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

41

FEB 20 1943

MAR 16 1955

238-213-006-553

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

No. ____ St.

Registration District No. 116 File No. 100823

Hospital ____ Primary Registration District No. 2135 Registered No. 715

FULL NAME OF CHILD Hilda Schultz
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	May 13 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Gottlieb Schultz	FULL MAIDEN NAME	Louisa Metzen
RESIDENCE	Sterling, Ida.	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Germany	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. McKinnon M.D.

Physician
(Physician or midwife)

Address Henderson Ida

Filed May 13 1922 W. C. McKinnon
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 7 1

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Sterling; Street; County Bingham

File Number 100823

Registration Dist. No.

Sex of Child Female Girl

Date of Birth May 13 1927

Father Gottlieb Schultz
Full Name

Mother Louisa Metzer
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Hilda Schultz
Child's Name in Full

Mrs Louisa Schultz
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

113-23-006-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Aberdeen
No. ..... St.
Hospital
Registration District No. 116
Primary Registration District No. 2195
File No. 100824
Registered No. 718

FULL NAME OF CHILD Ruth Lois Jackman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	May 13 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Alma Lester Jackman	FULL MAIDEN NAME Florence Amber Hofmire
RESIDENCE	Aberdeen Idaho	Aberdeen Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	31
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) M. C. Montgomery M.D.
Physician
(Physician or midwife)
Address Aberdeen Idaho
Filed May 13 1922 M. Montgomery
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF
'ILED FOR EACH CHILD AND THE SAME COMPLETED WI

- - - - - - - -

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Aberdeen

Street: .....

County: Bingham

File Number: 100824

Registration Dist. No. .....

Sex of Child: Female ~~Female~~

Date of Birth: May 13 1922

Father: Alma L. Jackman
Full Name

Mother: Florence Amber Hoffine
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ruth Lois Jackman
Child's Name in Full

Mrs. Florence Jackman
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

456-208-006-556

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100825

County of Bingham

City of Aberdeen

No. ____ St.

Registration District No. 116 File No. 13

Hospital ____ Primary Registration District No. 2195 Registered No. 717

FULL NAME OF CHILD Alice Marjorie Dvorak
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
female	— and —		yes	May 8 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph Thomas Dvorak	FULL MAIDEN NAME	Lillie Edyvean Newcomb
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Michigan
OCCUPATION	Druggist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 & 0 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Markumsen M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed May 8 1922 M. Markumsen
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1942

366-102-006-819

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100826

County of Bingham

City of Aberdeen

No. ..... St.

Registration District No. 116 File No. 13

Hospital

Primary Registration District No. 2195 Registered No. 716

FULL NAME OF CHILD Donald Farnsworth Toevs.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	May 2 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Henry C. Toevs	FULL MAIDEN NAME	Louie Hardy
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3.00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.
Physician
(Physician or midwife)

Address Aberdeen Ida

Filed May 2 1922 M. C. MacKinnon
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

996-205-006 $155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Bingham
City of Shelley
No. ..... St.
Hospital .....

Registration District No. 121 File No. 106827
Primary Registration District No. 2194 Registered No. 178

FULL NAME OF CHILD Jennie
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) April (Day) 5 (Year) 1922
female		yes	

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robert M. Jennie	FULL MAIDEN NAME	Allien Jennie
RESIDENCE	Firth Idaho	RESIDENCE	Firth Idaho
COLOR	W AGE AT LAST BIRTHDAY 20 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Labour	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Robert M.D.
(Physician or midwife)

Address Shelley Idaho

Filed May 3 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-207-006-437

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ____ St.

Registration District No. 121 File No. 100828

Hospital ____ Primary Registration District No. 2194 Registered No. 179.

FULL NAME OF CHILD Patricia Balander.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 7 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Rev. Balander	Nora McGeary
RESIDENCE	Shelley Idaho	Shelley Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	29
BIRTHPLACE	Denmark	Utah
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.30 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) J. W. Richards M.D.

(Physician or midwife)

Address Shelley Idaho

Filed May 3 1922 Walter E. Eaton
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S

DE FILED FOR

8 1944

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelby

Street:

County: Burleigh

File Number: 100828

Registration Dist. No.:

Sex of Child: Female

Date of Birth: April 7, 192 2

Father: James Emanuel George Bolander (Full Name)

Mother: Nora McGarry (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Patrina Bolander
Child's Name in Full

Nora Bolander
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

753-102-006-594

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121 File No. 100829

No. ..... St.

Primary Registration District No. 2194 Registered No. 180

Hospital .....

FULL NAME OF CHILD Leo Rushton Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	3 - 2 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Knute Fred Peterson	FULL MAIDEN NAME	Claudia L. Miller
RESIDENCE	Shelley R#2	RESIDENCE	Shelley R#2
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley, Ida.

Filed May 3 1922 Mrs Thalia E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVE[illegible]ONS WHY A CERTIFICATE OF BIR[illegible]
[illegible]THE SAME COMPLETED WITH

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Provo

Street: .....

County: Binghams

File Number: 100829

Registration Dist. No.: .....

Date of Birth: March 2 1922.

Sex of Child: Male

Father: ..... (Full Name)

Mother: Claudia H. Wilden (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leo Ruston Petersen (Child's Name in Full)

Claudia H. Petersen (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

669-103-006-432

RECEIVED
MAY 23 19..
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley.

Registration District No. 121 File No. 100830

No. ..... St.

Primary Registration District No. 2194 Registered No. 181

Hospital .....

FULL NAME OF CHILD Workman.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	3 - 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Allie Workman	FULL MAIDEN NAME	Laura McKee.
RESIDENCE	Shelley.	RESIDENCE	Shelley.
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at 12 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley, Ida.

Filed May 3 1922 Mrs Thatcher E. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-211-006-619

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. 100831

Primary Registration District No. 2194 Registered No. 182

FULL NAME OF CHILD Klingler

Sex of Child	Twin X Triplet or other? and Number in order of birth 1st (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 3 (Month) 10 (Day) 1922 (Year)
4			

FATHER		MOTHER	
FULL NAME	Fred Klingler	FULL MAIDEN NAME	Gladys Farnsworth
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	W AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 35 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley Idaho

Filed May 3 1922 Mrs Walter E. Fabrice

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-211-006-619

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. 100832

Primary Registration District No. 2194 Registered No. 183

FULL NAME OF CHILD Klingler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		2nd	yes	3 (Month) 11 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Klingler	FULL MAIDEN NAME	Gladys Farnsworth
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley, Ida.

Filed May 8 1922 Mrs Nature E. Potine

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-206-006-235

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—10m-8-7-11

100833

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bingham

City of Fort Hall

No. —, — St.

Hospital —

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 184

FULL NAME OF CHILD Norma Catherine Greve

Sex of Child Female | Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of birth April 6 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Roy William Greve	FULL MAIDEN NAME June [illegible] Steffenson
RESIDENCE Ft. Hall, Idaho	RESIDENCE Ft. Hall, Idaho
COLOR White AGE AT LAST BIRTHDAY 22 (Years)	COLOR White AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Cincinnati, Ohio	BIRTHPLACE Taylor, Arizona
OCCUPATION R.R. Section workman	OCCUPATION Housewife

Number of child of this mother, including present birth First

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry R. Wheeler

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Fort Hall, Idaho

Filed May 3 1922 Mrs Walter E. Patrick Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

APR 1 8 1950

859-109-006-513

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. R.D. #1 St.
Hospital

Registration District No. 121
File No. 100834
Primary Registration District No. 2194
Registered No. 185

FULL NAME OF CHILD David LaVere Herbst
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	April 9 1922

What bacterieidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	David R. Herbst	FULL MAIDEN NAME	Luella VanValkenburg
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 5:00 P.M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Peck
Physician
(Physician or midwife)

Address Blackfoot, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 3 1922 Mrs Trales E. Gabbe
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

1922
BUREAU OF VITAL STATISTICS

OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 6/10 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Blackfoot, Idaho; Street Groveland; County Bingham

File Number 100834

Registration Dist. No.

Date of Birth April 7th 1922

Sex of Child Male

Father David Ray Herbst
Full Name

Mother Luella Van Valkenburg
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

David Lavere Herbst
Child's Name in Full

Mrs. D. R. Herbst
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

MAY 5 1958

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

992-210-006-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

County of Bingham City of Blackfoot No. R. D. #4 St.

Registration District No. 121 File No. 100835

Hospital Primary Registration District No. 2194 Registered No. 186

FULL NAME OF CHILD Barbara Ester Rishel
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 16 1922

What bacterioidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Guy W. Rishel	FULL MAIDEN NAME	Jessie Howell
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. W. Beck
Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed May 4 1922 Mrs Nalen E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 15 1973

APR 19 1943

815-110-006-655

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 295 S. Maple St.

Registration District No. 121 File No. 100836

Hospital

Primary Registration District No. 1007 Registered No. 187

FULL NAME OF CHILD Norman Martin Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	2		2	yes	April 10 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Norman E. Hansen	FULL MAIDEN NAME	Alice Van Overstraeten
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Connecticut
OCCUPATION	O. S. L. R. R.	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
Physician
(Physician or midwife)

Address Blackfoot Idaho

Filed May 4 1922 Mrs Helen E. Hansen
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 27 1954

MAY 23 1955

719-111-006-389

PLACE OF BIRTH

no

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 543 N. Broadway

Registration District No. 121

File No. 100837

Hospital

Primary Registration District No. 1007

Registered No. 188

FULL NAME OF CHILD Rex Adrian Parsons
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	April 11 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert Adrian Parsons	FULL MAIDEN NAME	Josephine Christensen
RESIDENCE	Blackfoot	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 A.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Address Blackfoot, Ida

Filed May 4 1922 Mrs Helen E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, 6/10 192.2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot — Street: North Broadway — County: Bingham

File Number 100837

Registration Dist. No. .....

Sex of Child Male

Date of Birth April 11 192.2

Father Robert Adrian Parsons (Full Name) Mother Josephine Christensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ray Marian Parsons
Child's Name in Full

Josephine Parsons
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

666-203-006-963

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R. # 3 St.

Registration District No. 121 File No. 100838

Hospital

Primary Registration District No. 2194 Registered No. 189

FULL NAME OF CHILD Georgia Rollison Woodland
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	April 3 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Leo M. Woodland	FULL MAIDEN NAME	Florence Louise Rollison
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A W Beck
Physician
(Physician or midwife)

Address Blackfoot, Idaho.

Filed May 4 1922 Mrs Helen E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, 6/10 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: R. F. D. No. 3

County: Bingham

File Number: 100838

Registration Dist. No.:

Sex of Child: Female girl

Date of Birth: April 3 1922

Father: Lee M. Woodland (Full Name)

Mother: Florence Robison Woodla (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Georgia Robison Woodland (Child's Name in Full)

Florence Robison Woodland (Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

393 207 006-294

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. R. D. #1 St.
Registration District No. 121
File No. 100839
Hospital
Primary Registration District No. 2194
Registered No. 190

FULL NAME OF CHILD Orva La Rhee Lilya
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	April 7 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ernest Lilya	FULL MAIDEN NAME	Jane Simper
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:00 A.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)

Address Blackfoot, Ida

Give names added from a supplemental report.

....., 19....

Registrar.

Filed May 4 1922 Mrs Nalen E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DE FILE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: R.F.D. #1

County: Idaho

File Number: 100839

Registration Dist. No.:

Date of Birth: April 7th 192 2

Sex of Child: Female

Father: Ernest Otto Lilya (Full Name)

Mother: Mary Jane Simpson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Orra La Rhee Lilya

Child's Name in Full

Mr. Ernest O. Lilya

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

211-212-006-231

PLACE OF BIRTH

216

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 171 File No. ~~100840~~

Hospital .....

Primary Registration District No. 2174 Registered No. 191

FULL NAME OF CHILD Dorothy Eleanor Kaas
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	April 12 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Edward Peter Kaas	FULL MAIDEN NAME	Ellen Stanley
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed May 4 1922 Mrs Valeria E. Fabia
Registrar.

Give names added from a supplemental report.

..... 19...

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not entered in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: 277 W. Idaho

County: Bingham

File Number: 100840

Registration Dist. No.:

Sex of Child: Female

Date of Birth: April 12 1922

Father: John Edward Peter Kaas (Full Name)

Mother: Ellen Ann Stanley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dorathy Eleanor Kaas (Child's Name in Full)

Mrs. E. P. Kaas (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

236-218-006-364

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. [redacted] Registration District No. 121 File No. 100841

Hospital ..... Primary Registration District No. 1697 Registered No. 192

FULL NAME OF CHILD Donna Vivian Stoddard

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 18 1922

What bacteriolidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ira Stoddard	FULL MAIDEN NAME	Opal Cournerilk
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:00 A.M. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician

(Physician or midwife)

Address Blackfoot, Ida.

Give names added from a supplemental report.

....., 19.....

Filed May 4 1922 Mrs Nellie E. Peterson

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

DEPARTMENT OF [illegible]

Boise, Idaho, 6, 10 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: 409 N. Fisher Ave

County: Bingham

File Number: 100841

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Apr. 18 1922

Father: Ira Stoddard (Full Name)

Mother: Opal Gay Counsil (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Donna Vivian Stoddard
Child's Name in Full

Mrs. Ira Stoddard
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-118-006-133

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100842

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121 File No. .....

Hospital .....

Primary Registration District No. 1007 Registered No. 193

FULL NAME OF CHILD John Allen Barnard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	April 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John N. Barnard	FULL MAIDEN NAME	Elizabeth Emma Allen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Address Blackfoot Idaho

Filed May 4 1922 Mrs Nateen E. Pateux
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: .....

County: Bingham

File Number: 100842

Registration Dist. No. .....

Date of Birth April 18th 1922.

Sex of Child: Male

Father: John Nichols Barnard (Full Name)

Mother: Elizabeth Emma Allen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Allen Barnard

Child's Name in Full

Wm H. Barnard

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

857-119-006-595

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121

Primary Registration District No. 2194

File No. 100843

Registered No. 194

FULL NAME OF CHILD Leonard N Hepworth
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	April 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph Eugene Hepworth	FULL MAIDEN NAME	Anna Myrtle Nielson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:15 A.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Address Blackfoot, Ida.

Filed May 4 1922 Mrs Helen E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 6/10 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot; Street: ; County: Bingham

File Number: 100843

Registration Dist. No.:

Sex of Child: Male

Date of Birth: April 19th 192 2

Father: Joseph Eugene Hepworth (Full Name) Mother: Anna Myrtle Hepw (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leonard N. Hepworth
Child's Name in Full

Myrtle Hepworth
Signature of Father or Mother

DEC 2 7 1941

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

613-126-006-719

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

name added 8-9-85 dl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121 File No. 100844

Hospital .....

Primary Registration District No. 2194 Registered No. 195

FULL NAME OF CHILD Trenor Proctor Fackrell, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	April 26 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Trenor P. Fackrell	FULL MAIDEN NAME	Henrietta L. Parsons
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Address Blackfoot, Ida.

Filed May 4 1922 Mrs Nalor E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

11-20-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
JUL 26 2 01 PM '85

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bingham } ss.

Certificate No. 100844
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Fackrell (Name on Original Certificate) who was born (Was Born, Died, etc.) on 4-26-22 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	~~Unnamed~~	Trenor Proctor Fackrell Jr.

Subscribed and sworn to before me this 24th day of June, 1984

Notary Public, Stephen J Bloser
Residing at Blackfoot
My commission expires Life
(Seal)

V Trenor Proctor Fackrell Jr.
Signature of Applicant

~~Box 814 Blackfoot Idaho 83221~~
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of June, 1984

Notary Public, Stephen J Bloser
Residing at Blackfoot
My commission expires Life
(Seal)

D. R. Fackrell
Supporting Signature

628 Curtis, Blackfoot Idaho 83221
Street Address, City, State

Certificate of Blessing lists Trenor Proctor Fackrell Jr. born April 26, 1922 in Pingree to Trenor Proctor Fackrell and Henretta Parsons was blessed June 4, 1922. Viewed by V.S.

Certificate of Baptism from LDS Church gives Trenor Proctor Fackrell, Jr. son of Trenor Proctor Fackrell and Henretta Parsons born April 26, 1922 at Pingree was baptised 7-6-30. Viewed by V.S.

944-230-006-394

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 25 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. Sugar Factory Rd
Hospital
Registration No. 121
File No. 100845
Primary Registration District No. 2194 Registered No. 196

FULL NAME OF CHILD Cora Geraldine Rumble
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 30 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry G. Rumble	FULL MAIDEN NAME	Cora Lim
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1145 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)

Address Blackfoot, Ida

Filed May 4 1922 Mrs. Wales E. Fabro
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 6/10 192.2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: P. O. Box #416

County: Bingham

File Number: 100845

Registration Dist. No.:

Date of Birth: April 9 D., 192.2

Sex of Child: Female

Father: Harry G. Rumble (Full Name)

Mother: Cora C. Linn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Cora Geraldine Rumble
Child's Name in Full

Harry G. Rumble
Signature of Father or Mother

MAR 26 195

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

466-230-006-343

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121

File No. 100846

Hospital .....

Primary Registration District No. 2194

Registered No. 197

FULL NAME OF CHILD Georgia Moore
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1		2	yes	April 30 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	Philip R. Moore	FULL MAIDEN NAME	Myrtle Lutz
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed May 4 1922 Mrs Valerie E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

TIFICATE OF B
PLETED WIT

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackport

Street: #3 box 19

County: Binghamton Co.

File Number: 100846

Registration Dist. No.:

Sex of Child: Female

Date of Birth: April 30th 192.2.

Father: Philip Richard Moore (Full Name)

Mother: Myrtle Lutz (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Georgia Moore.

Child's Name in Full

Myrtle Moore

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

793-110-006-315

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward # 3 St.

Registration District No. 121 File No. 100847

Hospital Primary Registration District No. 1007 Registered No. 198

FULL NAME OF CHILD James Gillespie
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	yes	April 10 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles O. Gillespie	FULL MAIDEN NAME	Julia Canfield
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2. P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. W. Mitchell M.D.
(Physician or midwife)

Address Blackfoot, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed May 6 1922 Mrs Helen E. Peters
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-113-006-717

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Thomas St. Registration District No. 121 File No. 100848

Hospital Primary Registration District No. 2194 Registered No. 199

FULL NAME OF CHILD Alexander T. Saltas
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 13 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	George Saltas	FULL MAIDEN NAME	Vanhea Pappasiders
RESIDENCE	Blackfoot, Idaho #4	RESIDENCE	Blackfoot, Idaho #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Greece	BIRTHPLACE	Greece
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9. P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot, Idaho

Filed May 6 1922 Mrs Valerie E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

842-229-006-522

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham

City of Groveland

No. ..... St.

Hospital .....

AMENDED 5/7/46

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 100849

Primary Registration District No. 2194 Registered No. 200

FULL NAME OF CHILD Marjorie Eleanor Hubble
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 29, 1922

What bacteriocidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Grant Hubble	FULL MAIDEN NAME: Mary Essley
RESIDENCE: Blackfoot, Idaho #2	RESIDENCE: Blackfoot, Idaho #2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 54 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell, M. D.

(Physician or midwife)

Address Blackfoot, Idaho

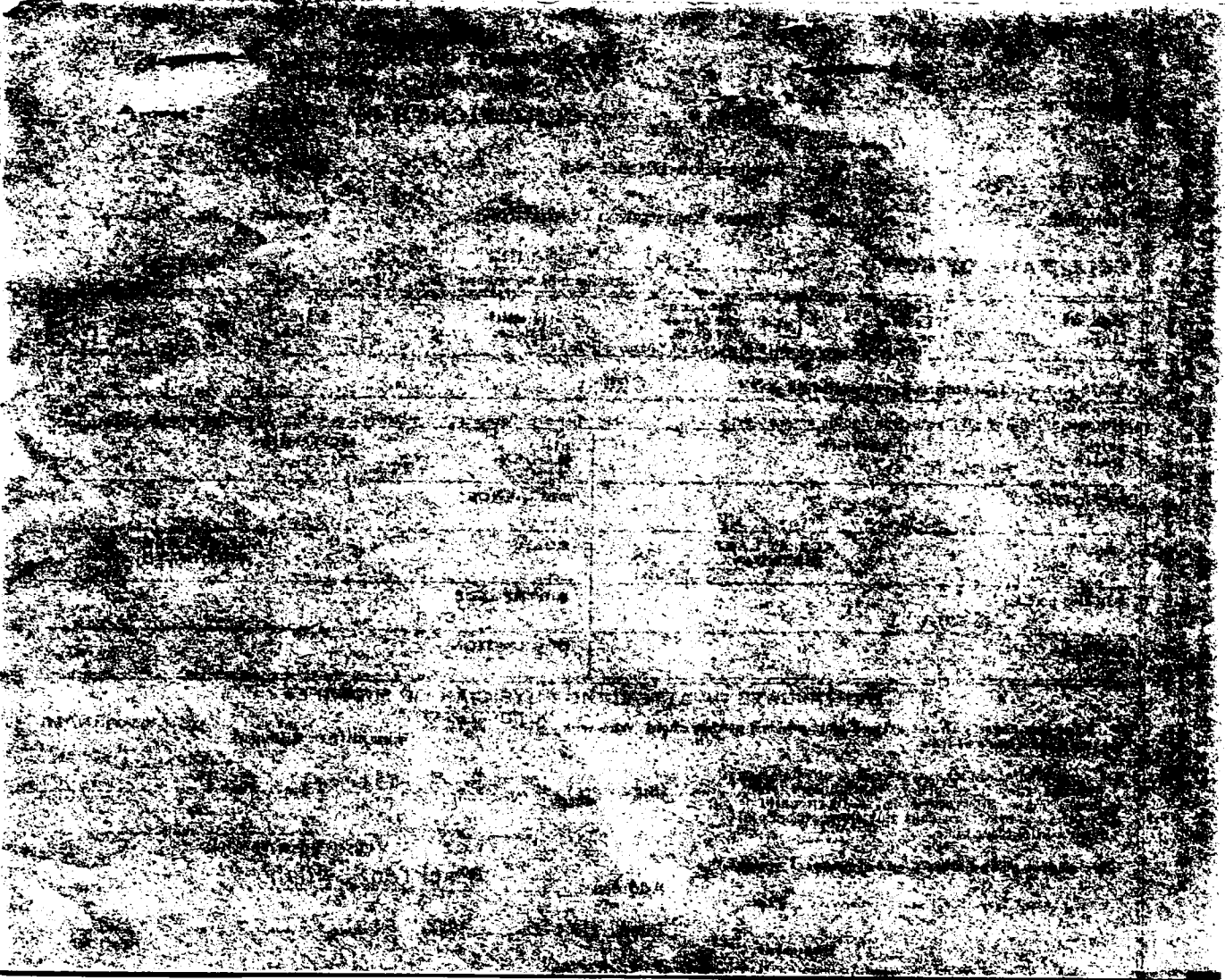
Filed May 6, 1922 Mrs. Walter E. Patrie
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Sacramento }

Certificate No. 100849

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Margaret Eleanor Hubble (Name on Original Certificate) who was born (Was Born or Died) on April 29, 1922 (Date of Event) in Groveland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Use of Name (Bible Record, Insurance Policy, Etc.) prepared on civil service list (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Margaret Eleanor Hubble	Marjorie Eleanor Hubble

Subscribed and sworn to before me this 29th day of April 1946.

Roy W. Blair
Notary Public, residing at Sacramento
My commission expires Nov. 25, 1947
(Seal)

Signed Alice Lioni
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5412 J Street
civil service Employee of Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of April 1946.

Roy W. Blair
Notary Public, residing at Sacramento
My commission expires Nov. 25, 1947
(Seal)

Signed Inez Gianoli
(Signature of Any Credible Person)

3521 - D Street Sacto, Calif
(Street Address, City, State)
civil Service Employee of Calif.

MAY 7 1948

453-205-006-745

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of 16 miles W of Tabor

Registration District No. 121

File No. 100850

No. ..... St.

Primary Registration District No. 2194

Registered No. 301

Hospital .....

FULL NAME OF CHILD Unnamed Delzer (I Died Later)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
F	X	X	Yes	Apr 5 1922 (Month) (Day) (Year)

FATHER

FULL NAME William Delzer

RESIDENCE 16 m. W of Tabor Idaho

COLOR W AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE S. Dakota

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Alma Guenther

RESIDENCE 16 m. W of Tabor Ida

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE N. Dakota

OCCUPATION Home wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3P M. on the date above stated.

(Signature) J. R. Davis M.D.

(Physician or midwife)

Address Blackfoot, Idaho

Filed May 6, 1922 Mrs Hales E. Tabor Registrar

(now dead)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-107006-469

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Kimball

No. ..... St.

Hospital .....

Registration District No. 121

File No. 100851

Primary Registration District No. 2194

Registered No. 202

FULL NAME OF CHILD Unnamed Landon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	April 7 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Francis Landon	FULL MAIDEN NAME	Eldora Mortensen
RESIDENCE	Kimball	RESIDENCE	Kimball
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Hsewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed May 6 1922 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

153-109-006-469

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Bingham

City of Kimball

No. ..... St.

Hospital .....

Registration District No. 121

Primary Registration District No. 2194

File No. 100852

Registered No. 203

FULL NAME OF CHILD Unnamed Anthony

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Apr 9 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Matthew Anthony	FULL MAIDEN NAME	Dorothy Mortensen
RESIDENCE	Kimball	RESIDENCE	Kimball
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hsewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed May 6 1922 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

765-214-006-419

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

County of Bingham

City of Bekpr

No. near Sugar factory St.

Hospital

Registration District No. 121

Primary Registration District No. 2194

File No. 100853

Registered No. 204

FULL NAME OF CHILD Gonzalas Garzalz Alena

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	yes	April 14 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gregoris Garzalz Gonzalas	FULL MAIDEN NAME	Maria Martine
RESIDENCE	Bekpr. near Sugar factory	RESIDENCE	Bekpr. near Sugar factory
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Sugar field Laborer	OCCUPATION	Hseripe

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Black foot, Idaho

Filed May 6 1922 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office, It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot Idaho

Street: .....

County: Bingham County

File Number: 100853

Registration Dist. No.: .....

Date of Birth: April 14th 1922 192....

Sex of Child: Famale

Father: Gregoria Gonzalas (Full Name)

Mother: Marie Gonzalas (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alena Gonzalas (Child's Name in Full)

Gregoria Gonzalas (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

FEB 21 1952

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 813-223-006-389

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bigham

City of Moreland

Registration District No. 121

File No. 100854

No. ..... St.

Primary Registration District No. 2194

Registered No. 205

Hospital .....

FULL NAME OF CHILD Louise Hatch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	April 23 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel Hatch	FULL MAIDEN NAME	Pearl Christensen
RESIDENCE	Moreland Ida	RESIDENCE	Moreland Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis Jr

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed May 6 1922 Mrs Walter E. Patrick

Registrar

149-201-006-857

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121 File No. 100855

Hospital ..... Primary Registration District No. 1097 Registered No. 206

FULL NAME OF CHILD Leah Murdock
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	4/1/22

What bactericidal solution was used in eyes? 2% Solution Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Frank H Murdock	Iona Heaps
RESIDENCE	Blackfoot Ida	Blackfoot Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	36 (Years)	22 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Potato + Coal dealer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Hamilton M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed May 4 1922 Mrs Valeria E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEBRUARY 2, 1955 AMENDED

PLACE OF BIRTH

259-210-006-659

County of Bingham

City of Blackfoot

No. No. Oak St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 100856

Primary Registration District No. 1007 Registered No. 207

FULL NAME OF CHILD NEVA HELENA BERNAT
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Arpil 10 192 2

What bacterieidal solution was used in eyes? $AgNO_3$ 1%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Godfrey Bernat	FULL MAIDEN NAME: Lena Weise
RESIDENCE: Blackfoot, Idaho	RESIDENCE: Blackfoot, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Bohemia	BIRTHPLACE: Oklahoma
OCCUPATION: I.N. Guard	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. SIMMONS

M. D. (Physician or midwife)

Address Blackfoot, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed May 9 192 2 Mrs. Walter E. Patrie Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Baptismal record also submitted, which shows date of birth as April 10, 1922 and the date of baptism as April 22, 1922, full name of child as Neva Helena Bernat.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho, } ss.
County of Bingham. }

Certificate No. 100856

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Neva Harriett Bernat (Name on Original Certificate) who was born (Was Born or Died) on April 10, 1922 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are ~~shown by~~ known by me, the child having been named by me ~~prepared~~ on date of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Middle Name	Harriett	Helena

I am the mother of said Neva Helena Bernat and I named her at her birth.
She has always used the name "Neva Helena Bernat" as she was named by me.

Subscribed and sworn to before me this 27th day of January, 19 56

John D Jones

Notary Public, residing at Blackfoot, Idaho.
My commission expires July 17th, 1957.
(Seal)

Signed Helena Bernat
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

285 West Francis St. Blackfoot, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of January, 19 55

John D Jones

Notary Public, residing at Blackfoot Idaho
My commission expires July 17, 1957
(Seal)

Signed Jno A Falk
(Signature of Any Credible Person)

Box 567 Blackfoot Idaho
(Street Address, City, State)

DPH 52.155

449-117-006-625

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100857

County of Bingham
City of Blackfoot
No. Ward #1 St.
Registration District No. 121 File No.
Hospital
Primary Registration District No. 2007 Registered No. 208

FULL NAME OF CHILD Lee Doran Durrant
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) April (Day) 17 (Year) 1922
Male		yes	

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Adrain A. Durrant	FULL MAIDEN NAME	Lila Okesson
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3. P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Address Blackfoot, Idaho

Filed May 9 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4[illegible]-126-006-967

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100858

County of Bingham

City of Springfield

No. ..... St.

Registration District No. 116 File No. 13

Hospital ..... Primary Registration District No. 2195 Registered No. 715

FULL NAME OF CHILD Robert Lavern Maisak
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Ap. 26 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Carl G Maisak	FULL MAIDEN NAME	Elva Rogers
RESIDENCE	Springfield Ida	RESIDENCE	Springfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Germany	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMurtrie Kinney MD
Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Ap 26 1922 McMurtrie Kinney
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

MAY 21 1942

394-116-006-238

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100859

County of Bingham

City of Aberdeen

No. ..... St.

Registration District No. 116 File No. 13

Hospital ..... Primary Registration District No. 2195 Registered No. 714

FULL NAME OF CHILD Leonhard Richard Timm
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	April 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	August Timm	FULL MAIDEN NAME	Clara Schulz
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Rumania	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Ap 16 1922 M. C. McKinnon
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

13X-115-006-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1932
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of ~~Atlo~~ Sterling

No. ..... St. ..... Registration District No. 116 File No. 100860

Hospital ..... Primary Registration District No. 2195 Registered No. 713

FULL NAME OF CHILD Charles Lyman Aldous

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	April 15 1932

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Henry Aldous	FULL MAIDEN NAME	Emily Berlin
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn), at 2 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) M. C. Mackintosh M.D.

Physician

(Physician or midwife)

Address Aberdeen Ida

Filed Apr 15 1932 M. Mackintosh Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/3/41 L. B.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 1 0 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED AUG 13 1925 BUREAU OF VITAL STATISTICS

Place of Birth: City Sterling; Street —; County Bingham

File Number 100860

Registration Dist. No. .....

Date of Birth April 15 1922

Sex of Child Male X

Father John Henry Aldous (Full Name) Mother Emily Charlotte Be (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charles Lynn Aldous (Child's Name in Full)

Mrs. Henry Aldous (Signature of Father or Mother)

now three yrs old but I overlooked sending this in my desk today. That [illegible] although it may be too late for filing. I regret that this was [illegible]. Mrs Aldous

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME (

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, p
and legitimacy.

It enables the Public Health Nurse to make sure the c
been protected from danger of blindness and other infections a

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men ar
pelled to furnish certified copies of certificates of birth, it
portant that the certificates be filed with the BUREAU OF VITAL
TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

719-212-006-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 23 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Registration District No. 116 File No. 10086

Hospital ..... Primary Registration District No. 2195 Registered No. 712

FULL NAME OF CHILD Eva Parsons
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Ap 12 192

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ralph Anthony Parsons	FULL MAIDEN NAME	Velma Florence Satterfield
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hermer Kinnon M.D.
Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Ap 12 1922 Hermer Kinnon
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 3 0 1942

439-210-006-351

PLACE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 106862

Primary Registration District No. 2195 Registered No. 711

FULL NAME OF CHILD Gladys McIntire
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—		—	Yes	April 10 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James Roy McIntire	FULL MAIDEN NAME	Jessie Leach
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mamer Kinnon, M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Ap 10 1922 Mamer Kinnon
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1945

OCT 7 1964

365-205-006-695

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Registration District No. 116 File No. 100863

Hospital .....

Primary Registration District No. 2195 Registered No. 710

FULL NAME OF CHILD Irene Toevs
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	–		–	yes	April 5 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Jacob D Toevs	FULL MAIDEN NAME	Louise Wiebe
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kansas	BIRTHPLACE	Russia
OCCUPATION	Drayman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMorkinnon M.D.
Physician
(Physician or midwife)

Address Aberdeen Ida

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Ap 5 1922 McMorkinnon
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 7 1965

962-126-006-652

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121

File No. 100864

No. ..... St.

Primary Registration District No. 2194

Registered No. 209

Hospital

FULL NAME OF CHILD Shirley Wilford Rose,

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes,	Jan. (Month) 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Orrin Wilford Rose	FULL MAIDEN NAME	Emma Westbrook
RESIDENCE	Shelley, Ida	RESIDENCE	Shelley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Hyrum, Utah	BIRTHPLACE	Shelley Ida,
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Egbert

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Ida

Filed May 26 1922 [illegible]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 5 1961

NOV 5 1942

NOV 2[illegible] 1942

962-129-006-293

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Shelley

Registration District No. 121 File No. 100865

No. ____ St.

Primary Registration District No. 2194 Registered No. 210

Hospital ____

FULL NAME OF CHILD Irwin H. Robinson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes.	Jan	29	1922

	FATHER	MOTHER
FULL NAME	Henry David Robinson	FULL MAIDEN NAME Hazel Pellain
RESIDENCE	Shelley Ida.	RESIDENCE Shelley Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Shelley Ida.	BIRTHPLACE Venice Utah
OCCUPATION	Butcher	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 A.M. on the date above stated.

(Signature) D. R. Egbert

Physician (Physician or midwife)

Address Shelley Ida.

Filed May 26 1922 Mrs Thales E. Petrie Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

END OF 22-336123

269-131-006-386

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121

File No. 100866

No. _____ St.

Primary Registration District No. 2194

Registered No. 211

Hospital _____

FULL NAME OF CHILD Verdal Oscar Sorensen

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Jan (Month) 30 (Day) 1922 (Year)

	FATHER		MOTHER
FULL NAME	Oscar Peter Sorensen	FULL MAIDEN NAME	Kate Thomas
RESIDENCE	Basalt Ida.	RESIDENCE	Basalt Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	St Johns Arizona	BIRTHPLACE	St. Anthony Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Egbert

Physician (Physician or midwife)

Address Shelley Ida.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Filed May 26 1922 Mrs Walter E. Peterie Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1941

367-203.006-814

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

Form V.S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Shelley Idaho

No. ..... St.

Registration District No. 121

File No. 100867

Primary Registration District No. 2194

Registered No. 212

Hospital .....

FULL NAME OF CHILD ~~Glen Cox~~ BLANCHE HAZEL COX

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
~~Male~~ FEMALE			Yes	Feb 3 1922

FATHER		MOTHER	
FULL NAME	Nelson Levi Cox	FULL MAIDEN NAME	Ida Hampton Cox
RESIDENCE	Shelley Idaho	RESIDENCE	Shelley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Hooper Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.30 A.M. on the date above stated.

(Signature) D. W. Egbert

Physician

(Physician or midwife)

Address Shelley Ida

Filed May 26 1922 Mrs. Nellie E. Petrie

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 100867

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Feb. 3, 1922 (DATE OF EVENT)
in Shelley, Idaho RFD1 (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb. 3, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Glen	Blanche Hazel Cox
Sex	Male	Female

Subscribed and sworn to before me this 6th
day of February 1943

Notary Public, residing at Shelley, Idaho
My commission expires June 16, 1943.
(SEAL)

Signed Ida Cox (Mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Shelley, Idaho, RFD 1
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of ____, 19 ____

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____
(REGISTRAR'S SIGNATURE)

FEB 1 1 1943

452-108-006-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121

File No. 100868

Primary Registration District No. 2194

Registered No. 213

FULL NAME OF CHILD James Fred Unsworth

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Feb. (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William Unsworth	FULL MAIDEN NAME	Mable Thornton
RESIDENCE	Shelley Ida.	RESIDENCE	Shelley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Egbert

Physician (Physician or midwife)

Address Shelley Ida.

Given names added from a supplemental report.

..... 19.....

Filed May 26 1922 Mrs Walter E. Patrick

Registrar

Registrar

S-Y-CO 38071

UNSWORTH

Dup of 1922-400791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-221-006-864

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VI STATISTI

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121

File No. 100870

No. ..... St.

Primary Registration District No. 2194

Registered No. 215

Hospital

FULL NAME OF CHILD Mildred Lenore Spencer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mar 21 1922

FATHER		MOTHER	
FULL NAME	Richard Spencer	FULL MAIDEN NAME	Mildred Young
RESIDENCE	Shelley Ida.	RESIDENCE	Shelley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Virginia	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Egbert

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Ida.

Filed May 26 1922 Mrs Walter E. Patrick

Registrar

Registrar

S-Y-CO 38071

MAR 27 1944

MAY 7 1951

415-116-006-693

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—10m-8-7-11

[redacted] IDAHO
[redacted] Statistics

CERTIFICATE OF BIRTH

County of Bingham

Station: Gibson
~~City of~~

Registration District No. 121 File No. 100871

No. ——, —— St.

Primary Registration District No. 2194 Registered No. 216

Hospital ——

FULL NAME OF CHILD Jerrold Ketchem Davidson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	Yes	May (Month) 16 (Day) 1922 ~~191~~ (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Owen Wilson Davidson	FULL MAIDEN NAME	Mary Winfred Fithian
RESIDENCE	Ft. Hall Reservation	RESIDENCE	Ft. Hall Reservation
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Britt - Iowa	BIRTHPLACE	Newton, Illinois
OCCUPATION	Civil Service - Teaching Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry R. Wheeler

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Ft. Hall Idaho

Filed June 1 1922 Mrs Walter E. Patrick Registrar

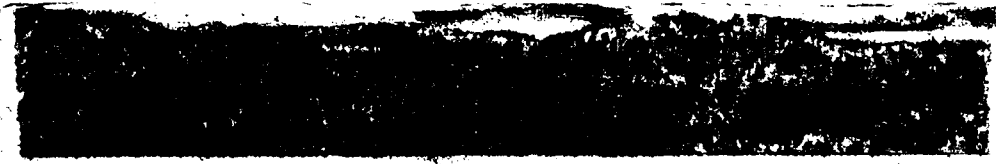
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



445-021-006-813

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland

No. Idaho St.

Registration District No. 121 File No. 100872

Primary Registration District No. 2194 Registered No. 217

Hospital

FULL NAME OF CHILD Sarah Thomson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			4	Yes.	May 21 1922

FATHER

FULL NAME Sarenya Thomson

RESIDENCE Moreland

COLOR White AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Hyrum Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Margrate J Yates

RESIDENCE Moreland

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Paykville, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Mary A Hatch
Midwife
(Physician or midwife)

Address Moreland Idaho

Filed June 1 1922 Mrs Thalen E Yates
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Dep of 22-353175

813-205-006-125

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

County of Bingham

City of Moreland

Registration District No. 121

File No. 100873

No. ..... St.

Primary Registration District No. 2194

Registered No. 318

Hospital .....

FULL NAME OF CHILD Unnamed Hall (now dead)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	May 5 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jack Hall	FULL MAIDEN NAME	Betty N. Akers
RESIDENCE	Moreland Ida	RESIDENCE	Moreland Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:35 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot, Idaho

Filed June 1 1922 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659-108-006-385

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Bekfoon

Registration District No. 121

File No. 100874

No. W St.

Primary Registration District No. 1007

Registered No. 217

Hospital

FULL NAME OF CHILD Unnamed Weigel Norman Richard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	May 8 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Weigel	FULL MAIDEN NAME	Pearl Cherrington
RESIDENCE	Bekfoon	RESIDENCE	Bekfoon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address Blackfoot Idaho

..... Registrar Filed June 1 1922 M. W. Shaler E. Pollock Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

ST O

DEPARTMENT OF PUBLIC WELFARE

1922

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Blackfoot; Street .....; County Bingham

File Number 100874

Registration Dist. No. .....

Sex of Child Male

Date of Birth May 8 1922

Father H. V. Weigel (Full Name)

Mother Pearl Cherrington Weigel (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Norman Richard Weigel
Child's Name in Full

H. V. Weigel
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

295-109-006-699

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

County of Bingham

City of Tabor

No. 121

File No. 100875

No. ..... St.

Primary Registration District No. 2194

Registered No. 220

Hospital .....

FULL NAME OF CHILD Unnamed Diesser ~~Charles~~ McHenry

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	X	X	Yes	May 9 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Diesser	FULL MAIDEN NAME	Essie Wright
RESIDENCE	Tabor	RESIDENCE	Tabor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed June 1 1922 Mrs Thelma E. Palmer
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

A CERTIFICAT

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Bingham

File Number 100875

Registration Dist. No. 59

Date of Birth May 9 1922

Sex of Child Male

Father Ralph David Siesser (Full Name) Mother Essie Wright (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charles Henry M. Siesser (Child's Name in Full)

Mrs R. D. Siesser (Signature of Father or Mother)

SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

699-212-006-699

Form V. S. No. 11-G—Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

City of Bekfor

Registration District No. 121

File No. 100876

No. E. Asylum St.

Primary Registration District No. 1017

Registered No. 221

Hospital

FULL NAME OF CHILD Leah Wright

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	May 12 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Artie Wright	FULL MAIDEN NAME	Lillian Wright
RESIDENCE	Bekfr. RFD 5	RESIDENCE	Bekfr RFD 5
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Bekfor Idaho

19

Registrar

Filed June 1 1922 Mrs Walter E. Fabre

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

EVERAL REASONS

E FILED

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: Route 5

County: Bingham

File Number: 100876

Registration Dist. No.: 15

Date of Birth: May 12th 1922

Sex of Child: female

Father: Artie Wright (Full Name)

Mother: Lillian Wright (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leah Wright (Child's Name in Full)

Mrs Artie Wright (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-114-006-125

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

County of Bingham

City of Moreland

Registration District No. 121

File No. 100877

No. ..... St.

Primary Registration District No. 2194

Registered No. 222

Hospital .....

FULL NAME OF CHILD Glen Auldon Hall

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	May 14 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Boy Hall	FULL MAIDEN NAME	Geneva Akers
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:35 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed June 1 1922 Mrs Pearl E Palm

Registrar

MAY 12 1942

VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Marsland Idaho — Street: ..... — County: Bingham

File Number: 100877

Registration Dist. No. .....

Date of Birth: May 14 192[illegible]

Sex of Child: Male

Father: Roy Hall (Full Name)

Mother: Geneva Elliott H[illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Glen Aulden Hall (Child's Name in Full)

Geneva Hall (Signature of Father or Mother)

...CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE; - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

967-105-006-353

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121

File No. 100879

Hospital .....

Primary Registration District No. 2194

Registered No. 224

FULL NAME OF CHILD George Rogerson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	May 5 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Daniel E. Rogerson	FULL MAIDEN NAME	Hannah Blanche Telford
RESIDENCE	Fort Hall, Ida	RESIDENCE	Fort Hall, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Address Blackfoot, Ida

Filed June 2 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Fort Hall

Street: .....

County: Bingham Co.

File Number: 100879

Registration Dist. No. .....

Date of Birth: May 5 192.2

Sex of Child: Male

Father: Daniel Edwin Rogerson (Full Name) Mother: Hannah Blanch Telford (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

George Rogerson (Child's Name in Full)

Daniel Edwin Rogerson (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

532-06-006-695

PLACE OF BIRTH

RECEIVED
JUN 7 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R 5 St. Registration District No. 121 File No. 100880

Hospital Primary Registration District No. 2194 Registered No. 220

FULL NAME OF CHILD Leonard Joseph Elsberend
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 6 1922

What bacteriolal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Joseph Elsberend	FULL MAIDEN NAME	Clara Wieber
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Minnisota
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Address Blackfoot, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 3 1922 Mrs Valeria E. Valerio
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-213-006-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100881

County of Bingham

City of Blackfoot

No. R4 St.

Registration District No. 121 File No.

Hospital

Primary Registration District No. 2194 Registered No. 226

FULL NAME OF CHILD Leola Mae Cutforth
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	May 13 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	William Claude Cutforth	FULL MAIDEN NAME	Kathleen Jessie Jenkins
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	New Zealand	BIRTHPLACE	New Zealand
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Address Blackfoot, Ida

Filed June 2 1922 Mrs Nateen E. Petrie
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...er's middle n

SEVERAL REASONS WHY A CERTIFIC...
... FILED FOR EACH CHILD AND ... COMPLE...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Maryland
Street
County Bing

File Number 100881

Registration Dist. No.

Date of Birth May 13 1922

Sex of Child Female

Father William Claude Cutforth
Full Name

Mother Kathleen Jessie J. Read
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Leola Mae Cutforth
Child's Name in Full

Kathleen J. Cutforth
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

169-114-006-413

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. R 1 St.
Registration District No. 121 File No. 100882
Hospital
Primary Registration District No. 2194 Registered No. 227

FULL NAME OF CHILD GLENN JOHN Jorgensen
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	\		\	Yes	May 14 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	John Erastus Jorgensen	FULL MAIDEN NAME	Mary A. Mack
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 A.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot, Ida

Filed June 2 1922 Mrs Walter E. Fatine
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 100882
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Glenn John Jorgensen (Name on original certificate) who born (Was born or died) on May 14, 1922 (Date of event) in Blackfoot, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by a book kept for the purpose in the home (Bible record, insurance policy, etc.) prepared on various dates (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Jorgensen	Glenn John Jorgensen

Subscribed and sworn to before me this 18th day of December, 19 41

Lorenzo R. Thomas

Notary Public residing at Blackfoot, Idaho

My commission expires June 10, 1943

[SEAL]

Signed Mary A Jorgensen Bergeson
(Signature of parent or attendant at correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother

Blackfoot R/ Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of December, 19 41

Lorenzo R. Thomas

Notary Public, residing at Blackfoot, Idaho

My commission expires June 10, 1943

[SEAL]

Signed Fred Bergeson
(Signature of any credible person other than the previous affiant.)

Blackfoot R/ Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 20 1968

1941

819-415-006-955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. North Ash St.
Registration District No. 131
File No. 100883
Hospital
Primary Registration District No. 1007
Registered No. 238

FULL NAME OF CHILD Phillip St Clair Harwood Harwood
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 15 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 8

	FATHER	MOTHER
FULL NAME	Leon St Clair Harwood	FULL MAIDEN NAME Emma Jane Reese
RESIDENCE	Blackfoot	Blackfoot
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	49	49
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W W Beck
Physician
(Physician or midwife)

Address Blackfoot, Ida

Filed June 2 192 2 Mrs Hallie E Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-120-006-758

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. ..... St.
Hospital .....
Registration District No. 121
Primary Registration District No. 2194
File No. 100884
Registered No. 229

FULL NAME OF CHILD Neils Homer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	May 20 1922

What bacterieidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Willard G Homer	FULL MAIDEN NAME	Elvina J. Pehrson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farming	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M W Beck
Physician
(Physician or midwife)

Address Blackfoot Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 2 1922 Mrs Helen E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-127-006-5-61

PLACE OF BIRTH

[redacted] ARE

County of Bingham JUN 7 1922 BUREAU OF VITAL STATISTICS

City of Blackfoot BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 121 File No. 100885

Hospital ..... Primary Registration District No. 2194 Registered No. 230

FULL NAME OF CHILD Gard Orin Dance

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 27 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	LeRoy Dance	FULL MAIDEN NAME	Lillie Noack
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 A. M. (Born alive or stillborn) on the date above stated.

(Signature) W W Beck

Physician (Physician or midwife)

Address Blackfoot, Ida.

Filed June 2 1922 Mrs. Kathleen E. Watkins Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

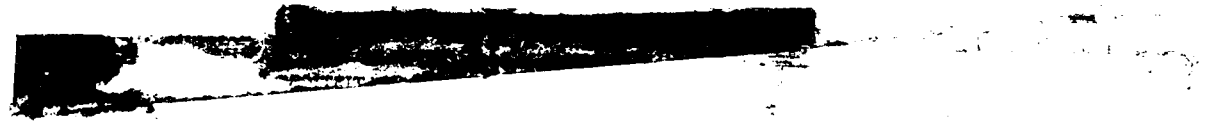
Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Place of Birth — Street:

Place of Birth — County: Bingham

File Number: 100885

Registration Dist. No.:

Date of Birth: May 27th 1922

Sex of Child: Male

Father: Leroy Dance (Full Name)

Mother: Lillie Noack (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

David Orin Dance

Child's Name in Full

Leroy Dance

Signature of Father or Mother

AUG 5 1942

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

863 / 30 : 006

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St. ..... District No. 121 File No. 100886

Hospital ..... Primary Registration District No. 2144 Registered No. 251

FULL NAME OF CHILD Kenneth Eugene Holloway
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	May 30 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Elisha Holloway	FULL MAIDEN NAME	Nora Williams
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	70	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Missouri	BIRTHPLACE	West Virginia
OCCUPATION	Farming	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed June 2 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Blackfoot
- Street:
- County: Idaho

File Number: 100886

Registration Dist. No.:

Date of Birth: May 30 1922

Sex of Child: Male

Father: Elisha Holloway
Full Name

Mother: Nora May Williams
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Kenneth Eugene Holloway
Child's Name in Full

E. Holloway
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

165-120-006-364

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

County of Bingham

City of Shelley.

Registration District No. 121 File No. 100887

No. ..... St.

Primary Registration District No. 2194 Registered No. 232

Hospital .....

FULL NAME OF CHILD Ralph Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 20 1922

FATHER		MOTHER	
FULL NAME	Charles Elmer Jones.	FULL MAIDEN NAME	Nellie Cody
RESIDENCE	Shelley Ida.	RESIDENCE	Shelley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 38 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. R. Egbert

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley Ida.

Registrar

Filed June 1922 Mr Walter E. Petrie Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-101-006-343

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Thomas St.

Registration District No. 121 File No. 100858

Hospital

Primary Registration District No. 2194 Registered No. 233

FULL NAME OF CHILD Dwight Nolan Clark
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 1 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	William A. Clark	FULL MAIDEN NAME	Caroline Lutz
RESIDENCE	Blackfoot, Idaho #2	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4. a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Address Blackfoot, Idaho

Filed June 4 1922 Mrs. Valerie E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

592-202-006 312

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward #1 St.

Registration District No. 121 File No. 100889

Hospital

Primary Registration District No. 1007 Registered No. 234

FULL NAME OF CHILD Kiyoko Nishida
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 2 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Kanzo Nishida	FULL MAIDEN NAME	Hama Takazaki
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	Japanese	COLOR	Jap
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6. A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Mitchell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Blackfoot Idaho

Filed June 4 1922 Mrs Walter E. Cabrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

one cc issued 5/22/41 L. E.

Dup of 1922 - 188466

437-106-006-665

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. Ward #4 St.
Hospital

Registration District No. 121
Primary Registration District No. 1007

File No. 100890
Registered No. 235

FULL NAME OF CHILD Edward Owen McGinnis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 6 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edward Ross McGinnis	FULL MAIDEN NAME	Mary Ellen Owens
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot, Idaho

Filed June 4 1922 Mrs Walter E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-216-006-191

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100891

County of Bingham
City of Blackfoot
No. 9 North Ash St.
Registration District No. 121 File No.
Hospital
Primary Registration District No. 1007 Registered No. 236

FULL NAME OF CHILD Mary Magdaline Blenkle
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 16 (Year) 1922
Female		Yes	

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Markus Blenkle	FULL MAIDEN NAME	Anna Arvish
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Address Blackfoot Idaho

Filed June 4 1922 Mrs Frances C. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 31 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

96-129-006-253

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

County of Bingham

City of Blackfoot

No. 608 So Univ St.

Hospital No

Registration District No. 121

Primary Registration District No. 1007

File No. 100892

Registered No. 237

FULL NAME OF CHILD Arnold Adelbert Trolin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 29 1922

FATHER		MOTHER	
FULL NAME	Alvin Arnold Trolin	FULL MAIDEN NAME	Dorothy Belvale
RESIDENCE	Blackfoot Ida	RESIDENCE	Do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Ill. at 5 30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed June 6 1922 Mrs Walter E. Patrie

Registrar

OCT 15 1963

299-130-006-245

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Bingham

City of Thomas Press

Registration District No. 121

File No. 100893

No. ..... St.

Primary Registration District No. 2194

Registered No. 238

Hospital No

FULL NAME OF CHILD Lewis Samuel Briscoe

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 30 22 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Byron E. Briscoe	FULL MAIDEN NAME	Emma Kunz
RESIDENCE	Blackfoot Route 2	RESIDENCE	Do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Uto Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn), at 10 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Filed June 6 1922 Mrs Walter E. Patrie

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Cascade }

Certificate No. 100893

Date Filed 10/26/42.

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lewis Samuel Briscoe (Name on Original Certificate) who was n/k (Was Born or Died) on May -30th-1922. (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Fathers Affidavit (Bible Record, Insurance Policy, Etc.) prepared on October-26th-1942. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Bristol	Briscoe
Name		Lewis Samuel

Subscribed and sworn to before me this 10/26/42.
day of October, 1942.
[illegible] Justice of Peace
Notary Public, residing at Great Falls, Montana.
My commission expires 1/1/43.
(Seal)

Signed Byron E Brisco-
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)
Black Eagle, Great Falls, Montana.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 30 1942

795-109:008-795

PLACE OF BIRTH

STATE OF IDAHO
[redacted]NT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bise

City of Quartzburg

RECEIVED JUN 6 1922 BUREAU OF VITAL STATISTICS

No. ..... St. ..... Registration District No. 12 File No. 10089

Hospital ..... Primary Registration District No. 12 Registered No. .....

FULL NAME OF CHILD Kenneth Charles Prestagard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	March 9 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Peter Prestagard	FULL MAIDEN NAME	Selma Prestagard
RESIDENCE	Quartzburg	RESIDENCE	Quartzburg
COLOR	White AGE AT LAST BIRTHDAY 28 (Years)	COLOR	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Mechanic	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Titz
(Physician or midwife)

Give names added from a supplemental report.

..... 1922
Mrs E S Robison
Registrar.

Address .....

Filed May 27 1922 Mrs E S Robison
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/30/40 L. B.

PLACE OF BIRTH

962-2008-366

County of Boise

City of Swartzburgh

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 5 1922

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 100895

Primary Registration District No. 12 Registered No. ____

FULL NAME OF CHILD Edith Mae Roberts

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 4th 1922

What bacterieidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Elmer Roberts	FULL MAIDEN NAME	Ineda Lowe
RESIDENCE	Swartzburgh	RESIDENCE	Swartzburgh
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Emmett	BIRTHPLACE	Burley
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) G G Fitz

(Physician or midwife)

Address Swartzburgh

Filed June 1st 1922 Mrs E S Robison
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

...., 1922

Mrs E S Robison
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 100895

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Edith Mae Roberts (NAME ON ORIGINAL CERTIFICATE) who Was born (WAS BORN OR DIED) on April 4, 1922 (DATE OF EVENT)
in Quartzburg, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Album (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 1, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Date	April 7th	April 4, 1922

Subscribed and sworn to before me this 17th
day of December, 1942

[signature]
Notary Public, residing at Wallace, Idaho

My commission expires Jan. 23, 1945
(SEAL)

Signed Lowe Roberts
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of December, 1942

[signature]
Notary Public, residing at Wallace, Idaho

My commission expires Jan. 23, 1945
(SEAL)

Signed Jean L. Merryweather
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

106 Third St. Wallace Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on DEC 24 1942 By
(REGISTRAR'S SIGNATURE)

PLACE OF BIRTH

755-20-008-755

County of Boise

City of Gardens Valley

No. ..... St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12

File No. 100896

Hospital .....

Primary Registration District No. 12

Registered No. .....

FULL NAME OF CHILD Mary Pennol

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	April 1st 1922

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Chas Pennol	FULL MAIDEN NAME	Mary Pennel
RESIDENCE	Garden Valley	RESIDENCE	Garden Valley
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE		BIRTHPLACE	Colorado
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) Mrs Jack Tucker

(Physician or midwife)

Address .....

Filed June 1 1922 Mrs E S Rohrer

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Mrs. E.S. Rohrer

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

never returned

June 20, 1922.

Mrs. E. S. Robison,

Placerville, Idaho.

Dear Mrs. Robison: #100696

We enclose herewith certificate of birth of Mary Pennol and would ask that you kindly have the mid-wife sign this if there ~~was no attending physician~~ in attendance. If there was no mid-wife or physician, kindly have either the father or mother sign the same. The certificates of birth must always be signed by some one present at the birth of the child.

We enclose self-addressed stamped envelope and would ask that you return this as soon as possible, as the certificate has been numbered and must not be lost.

Thanking you in advance for your immediate attention to this matter, I am,

Respectfully yours,

F. W. Almond, M. D.
Medical Adviser.

434-118-009-299

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

[redacted]DAHO
DEPAR[redacted]BLIC WELFARE
B[redacted] VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 78

File No. 100897

Hospital .....

Primary Registration District No. 2 55

Registered No. .....

FULL NAME OF CHILD Richard Monroe McDowell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	5/18/22 192....

What bactericidal solution was used in eyes? Ag. No3

Number of child of this mother, including present birth 3 ..... Number of child of this mother now living, including present birth 3 .....

FATHER		MOTHER	
FULL NAME	Estell Monroe Mc Dowell	FULL MAIDEN NAME	Daisy Loretta Bridge
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE		BIRTHPLACE	Neb
OCCUPATION	laborer	OCCUPATION	Haw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:25 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine

physician
(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed June 2 1922 Viola Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/5/41. w.h.

343-211-009-145

PLACE OF BIRTH

RECEIVED
JUN 3 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint, Ida. (rural)

No. ..... St.

Registration District No. 78 File No. 100898

Hospital .....

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Alice May Lutes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	May 11, 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Clark Burton Lutes	FULL MAIDEN NAME	Margeret Amen
RESIDENCE	Sandpoint, Ida. (rural)	RESIDENCE	Sandpoint, Ida. (rural)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	D- Adair, Mich.	BIRTHPLACE	Hastings, Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd E. Wendell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Sandpoint, Ida.

Filed June 2, 1922

Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 5 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

314-117-009-391

County of Bonner

City of Sandpoint

No. ..... St.

Hospital City Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100899

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD Robert Pierce LaMoreaux
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	May 17 1922

What bactericidal solution was used in eyes? Silver Nitrate.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Edward Pierce LaMoreaux	FULL MAIDEN NAME: Ida Cramer
RESIDENCE: Ponderay	RESIDENCE: Ponderay
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: South Dakota
OCCUPATION: Telegrapher.	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:20 AM. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Payne M.D.

Physician (Physician or midwife)

Address Sandpoint, Idaho.

Give names added from a supplemental report.

K ....., 19.....

..... Registrar.

Filed June 2 1922 Viola Allen Registrar.

AUG 27 1942

JAN 8 1952

494-215-609-393

PLACE OF BIRTH

amend 5-20-83

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

No. ..... St. ..... Registration District No. ..... File No. 100900

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Leah Lorraine Middleton.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes.	May 15 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Benjamine Harrison Middleton	FULL MAIDEN NAME	Pearl Tilton
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Page M.D.

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Sandpoint, Idaho

Filed [illegible] 1924 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-12-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS
MAY 7 8 27 AM '87

State of _____ } ss.
County of _____

Certificate No. 100900
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Ree Lorraine Middleton (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 15, 1922 (Date of Event)

in Kootenai (Bonner) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Ree Lorraine Middleton	Leah Lorraine Middleton

Subscribed and sworn to before me this 24 day of March, 1981

Notary Public, Clifford Sand
Residing at Marysville, Wa.
My commission expires June 1984
(Seal)

Thelma Long - sister.
Pearl Middleton
Signature of Applicant
3724-116th N.E. Marysville Wa.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc Pd

Official Record for Social Security Number gives Leah Lorraine Middleton born 5-15-22 in Idaho to Emma P Tilton and Benjamin H Middleton gives application date as Aug 1940. Viewed by V.S.

MAY 20 1983

Marriage Certificate for Chris B Severson and Leah L Wenick (maiden name Middleton) married in Coeur d'Alene on March 7, 1974. Viewed by V.S.

Birth Certificate for Carmon Kay Fountain gives child born Oct 15, 1942 in Washington to Paul Fountain and Leah Lorraine Middleton. Viewed by V.S.

[redacted] ARE

[redacted] H

City of Sandpoint STATISTICS

No. ..... St. Registration District No. ..... File No. 100901

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Sabria May Griffith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	May 21 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	George Griffith	FULL MAIDEN NAME	Jessie Carnegie
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	62	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Sandpoint, Idaho

Filed June 2 1922 [signature] Registrar.

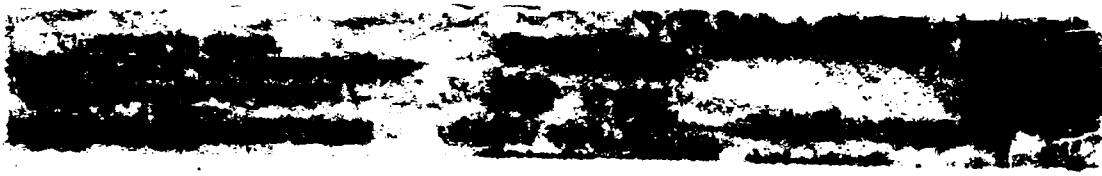
Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.



FEB 2 6 1974

26f-115-009-454

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100902

County of Bonner

City of Sandpoint

No. ____ St.

Registration District No. 1

Primary Registration District No. 5

Hospital City Hospital

Registered No. ____

FULL NAME OF CHILD John Clarence Swanson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				Yes	May 15 1922

What bactericidal solution was used in eyes? Silver Nitrate.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Charlie Swanson	FULL MAIDEN NAME: Christena Hedlund
RESIDENCE: Cocolalla	RESIDENCE: Cocolalla
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Sweden
OCCUPATION: Fireman	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 10:40 A.M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) O. F. Payne M.D.

Physician
(Physician or midwife)

Address Sandpoint, Idaho.

Filed ____ 192__

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-221-009-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. .....

File No. 100903

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Lois Elizabeth Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	5/21/22 192

What bactericidal solution was used in eyes? AgNo3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Edward Aloisius Martin	FULL MAIDEN NAME	Lamina Eva Marquis
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Minn.	BIRTHPLACE	Mich.
OCCUPATION	Retail Grocer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn), at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wattenbrook

Physician
(Physician or midwife)

Address Sandpoint

Filed ..... 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1971

1154-111-009-315

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. .....

File No. 100904

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Loren Adelard Demers
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	5/11/22 192....

What bactericidal solution was used in eyes? AgNo3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Alphonse Joseph Demers	FULL MAIDEN NAME	Leonie Theodora Lavallee
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wis.	BIRTHPLACE	Ontario, Canada.
OCCUPATION	Fireman, stationery engine	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. [illegible]

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address [illegible]

Filed [illegible] 192[illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/27/41. w.h.

754.205.809.666

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 404 Superior St.

Hospital

Registration District No. 72

Primary Registration District No. 2155

File No. 100906

Registered No.

FULL NAME OF CHILD Gwendolyn Marion Pennington
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	May 5 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Marion Elbert Pennington	FULL MAIDEN NAME	Leona Marie Woodworth
RESIDENCE	613 - N - 4th	RESIDENCE	613 - N - 4th.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Parsons - W - Va.	BIRTHPLACE	Butte Mont.
OCCUPATION	Baker	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5:45 P M. on the date above stated.
(Born ~~alive or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

MD
(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed June 2 1922 [illegible]
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/24/41 Z.J.

JUL 21 1943

JUL 20 1943

795-110-009-433

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boonor

City of Sandpoint

No. ..... St.

Registration District No. 75

File No. 100907

Hospital Central

Primary Registration District No. 2155

Registered No. .....

FULL NAME OF CHILD Pierce (Died)
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	\			yes	5-10-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag No3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Howard Pierce	FULL MAIDEN NAME	Lena May McCullough
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	R R Brakeman	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E T Anderson M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed June 2 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

Boise, Idaho, JUN 16 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sand Point

Street: Central Hospital

County: Bonner

File Number: 100907

Registration Dist. No.:

Date of Birth: May 10th 1922

Sex of Child: Male

Father: Howard Arthur Pierce (Full Name)

Mother: Lela May McCullough (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Not Named acct Died May 13th (Child's Name in Full)

H A Pierce (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

795-111-209-652

PLACE OF BIRTH Amended 10-11-55

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint, Idaho

No. ..... St.

Registration District No. 78 File No. 100908

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD ROBERT PIEPKORN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	May 11 1922

What bacteriecidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Otto Frank Piepkorn	FULL MAIDEN NAME	Ethel May Webb
RESIDENCE	Sandpoint, Ida. (rural)	RESIDENCE	Sandpoint, Ida. (rural)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Austin, Minn.	BIRTHPLACE	Geneva, Ind.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

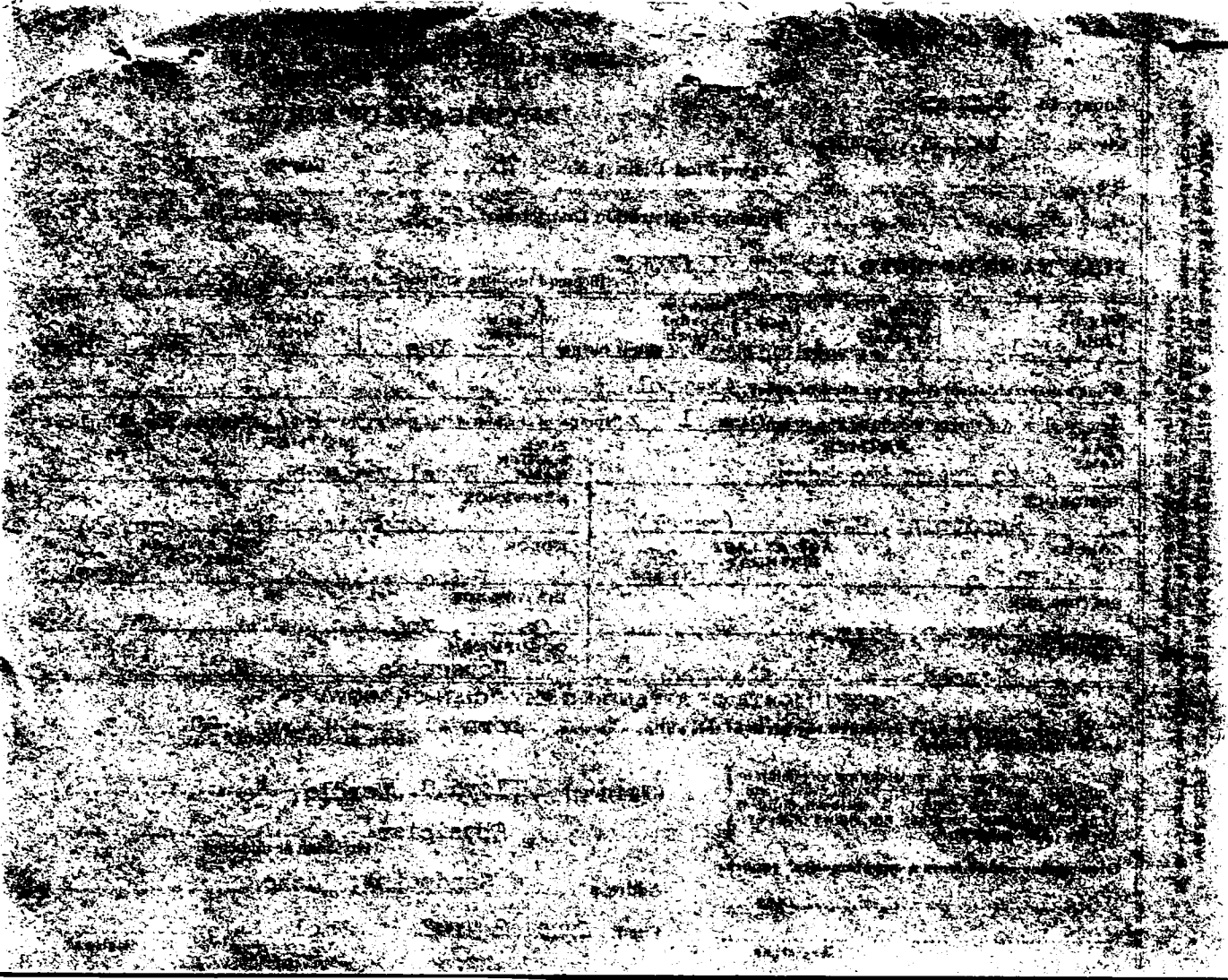
(Signature) Floyd G. Wendle

Physician
(Physician or midwife)

Address Sandpoint, Idaho

Filed June 2 1922 Viola Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
OCT 10 1955
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of OREGON } ss.
County of LANE

Certificate No. 100908

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Robert Pipkorn (Name on Original Certificate) who was born (Was Born or Died) on May 11, 1922 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on April 5, 1942 (Date), are:
Notice of Classification Sept. 17, 1942
Viewed by Div. of Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Robert Pipkorn	Robert Piepkorn

Subscribed and sworn to before me this 6th day of October, 19 55

Notary Public, residing at Springfield, Ore
My commission expires My Commission Expires May 30, 1957
(Seal)

Signed Otto L. Piepkorn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1094 A st Springfield Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of LANE

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of October, 19 55.

Notary Public, residing at Springfield, Ore
My commission expires My Commission Expires May 30, 1957
(Seal)

Signed Erma A Piepkorn
(Signature of Any Credible Person)

1094 A St Springfield Ore
(Street Address, City, State)

DPH 52.155

1 copy pd.

11X-23:009-215

PLACE OF BIRTH

RECEIVED JUN 5 19 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Cocolalla, Ida.

No. ____ St.

Registration District No. 78 File No. 100909

Hospital ____ Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD Rose Anna James
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	May 13, 192 2

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wesley G. James	FULL MAIDEN NAME	Ruth Banta
RESIDENCE	Cocolalla, Ida.	RESIDENCE	Cocolalla, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Bowling Green, Ky	BIRTHPLACE	Macon, Mo.
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.
(Physician or midwife)

Address Sandpoint, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 2, 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

GIS-208 1009-462 RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai, Ida.

No. ____ St.

Registration District No. 78 File No. 100910

Hospital ____ Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD Sylvia Elain Wanecek
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	May 8, 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Louis Wanecek	FULL MAIDEN NAME Emma Doborth
RESIDENCE Kootenai Selle, Ida.	RESIDENCE Kootenai Selle, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Spokane, Wash.	BIRTHPLACE Little Prarie, Wisc
OCCUPATION R Ry Fireman	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a.t. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Ellenger M.D.
(Physician or midwife)

Address Sandpoint, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 2 1922

Deputy Registrar.

NOV 26 1941

636-103-609-652

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Bonner

City of Ponderay, Idaho

No. ..... St.

Registration District No. 78 File No. 100911

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Wallace Warren O'Connor
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 3 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: Steven Ben O'Connor	FULL MAIDEN NAME: Sarah Webb
RESIDENCE: Ponderay, Idaho	RESIDENCE: Ponderay, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 48 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Fayetteville, N. Y.	BIRTHPLACE: Canonrado, Kansas
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 12:30 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Reckard M D
(Physician or midwife)

Address Sandpoint, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 2 1922

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

mc 2/18/41 rmf

235-108'009-168

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Selle, Idaho

No. ..... St.

Registration District No. 78 File No. 100912

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Raymond Knut Sletager
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	May 8, 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ole Sletager	FULL MAIDEN NAME	Augusta Johnson
RESIDENCE	Selle, Ida.	RESIDENCE	Selle, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minn	BIRTHPLACE	Sweden
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Sandpoint, Ida.

Filed June 2 1922 [signature] Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 31 1941

38-228-009-133

PLACE OF BIRTH

RECEIVED
JUN 5 192
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint, Ida.

No. 410 S. 4th Ave. St.

Registration District No. 78

File No. 100913

Hospital

Primary Registration District No. 2155

Registered No.

FULL NAME OF CHILD SUSAN JEANNE CHANEY
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes.	May 28, 192 2

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Rolla Geo. Chaney	FULL MAIDEN NAME: Edythe Allen
RESIDENCE: Sandpoint, Ida.	RESIDENCE: Sandpoint, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Rutledge, Mo.	BIRTHPLACE: Wilkes Barre, Pa.
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd E. Vance M.D.
(Physician or midwife)

Address Sandpoint, Ida.

Filed June 2, 192 2

Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonner

Certificate No. 100913

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Gene Chaney (Name on Original Certificate) who Born (Was Born or Died) on May 28, 1922 (Date of Event)
in Sandpoint, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on June 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Gene Chaney	Susan Jeanne Chaney
name of father	Roland G. Chaney	Rolla Geo. Chaney
name of mother	Edith Allen	Edythe Allen Chaney

Subscribed and sworn to before me this 15th
day of July 19 42.
Erma Carter
Notary Public, residing at Sandpoint, Ida.
My commission expires April 15, 1944
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of July 19 42.
Erma Carter
Notary Public, residing at Sandpoint, Ida.
My commission expires 4/15/44
(Seal)

Signed J. S. Allen
(Signature of Any Credible Person Other Than Previous Year)

414 Superior St
(Street Address, City, State)
Sandpoint Ida

DEC 19 1963

SEP 16 1942

11X-231-009-693

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bonner

RECEIVED MAY 31 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Clarks Fork

Registration District No. 80

File No. 100915

No. ..... St. .....

Primary Registration District No. 2157

Registered No. 47

Hospital .....

FULL NAME OF CHILD Ida Louise Daugharty

Sex of Child Female | Twin / Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Jan 31 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Gordon Daugharty Jr.

RESIDENCE Clarks Fork Ida

COLOR White

AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Clarks Fork

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Ruby Salem Nelson

RESIDENCE Clarks Fork

COLOR White

AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Omaha Neb.

OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:15 P.M. on the date above stated.

(Signature) Josephine Daugharty

(Physician or midwife)

Address Clarks Fork Idaho

Filed 5—17 1922 John Larson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

245-221-009-335

2p% Argyrol used in eye.

Form V. S. No. 11---20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of ~~XXXX~~tLaclede

Registration District No. ..... File No. 100916

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Lorna Verda ~~Sindler~~ Sindelar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	May 21 1922

FATHER		MOTHER	
FULL NAME	~~WM. Sindler~~ Sindelar	FULL MAIDEN NAME	Agnes Clemence
RESIDENCE	Laclede, Ida.	RESIDENCE	Laclede
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	S.D.	BIRTHPLACE	Minn.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8.30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Getzloff M.D.

Phys. (Physician or midwife)

Given names added from a supplemental report.

x x x 19

x x x x

Registrar.

Address Priesr Tiver, Idaho.

Filed May 31 1922 [signature]

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bonner } ss.

Certificate No. 100916
Date Filed APR 14 '34

The undersigned does solemnly swear that certain facts on the certificate of May 21 1922 (Birth or death)

for Lorna Verda Sindelar (Name on original certificate) who (Was born or died) on (Date of event)

in Laclede Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name Lorna Verda	~~Sindler~~	Lorna Verda Sindelar

Subscribed and sworn to before me this 11th day of April, 1942
C H Patton
Notary Public, residing at Sandpoint, Ida
My commission expires
[SEAL]

Signed Wm A. Sindelar
(Signature of parent ~~or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.~~)
Dover, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonner } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of April, 1942
C H Patton
Notary Public, residing at Sandpoint Ida
My commission expires My Commission Expires March 22, 1946
[SEAL]

Signed (Mrs) Agnes Sindelar
(Signature of any credible person other than the previous affiant.)
Dover Ida
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

382-107-009-515

PLACE OF BIRTH

RECEIVED JUN 5 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

County of Bonner

City of Laclede Registration District No. File No. 100917

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Richard Earl Lystra

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy			May (Month) 7 (Day) 1922 (Year)

	FATHER		MOTHER
FULL NAME	Mr Russell Lystra	FULL MAIDEN NAME	Grace Vandenacre
RESIDENCE	Laclede Idaho	RESIDENCE	Laclede Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Holland Mich.	BIRTHPLACE	Netherlands.
OCCUPATION	Lumber Grader	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Didier

MD (Physician or midwife)

Given names added from a supplemental report.

x x x 19

x x x

Registrar

Address Laclede Ida.

Filed May 31 19 F W Didier

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified copy issued 12-20-1940 D.P.

693-203-~~010~~-493

[redacted] BIRTH

Form V. S. No. 11-~~[illegible]~~-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 100918

No. ..... St.

Primary Registration District No. 2170

Registered No. 70

Hospital .....

FULL NAME OF CHILD Betty Jane Willson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	March 3 1922

FATHER		MOTHER	
FULL NAME	Harry Leigh Willson	FULL MAIDEN NAME	Sue Lambert Miller
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Clarksville, Va	BIRTHPLACE	Chestertown, Md
OCCUPATION	Physician & Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson

C. M. Cline M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

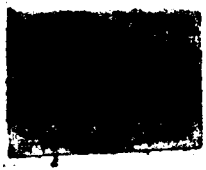
Address Idaho Falls

Filed Mar 20 1922 [illegible]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



249-224-010-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 73

File No. 100919

Primary Registration District No. 2140

Registered No. 69

FULL NAME OF CHILD Ai Kuroki

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Feb. 24 1922

FATHER		MOTHER	
FULL NAME	Thomas Kuroki	FULL MAIDEN NAME	Hisoyo Nita
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

md (Physician or midwife)

Given names added from a supplemental report.

1 Photostat copy 12/11/41

Address Idaho Falls

Registrar

Filed May 21 1922 [illegible] Registrar

DEC 1 1 1941

112-122-010 418

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ED

MAY 23 1922

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—20m-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2170

File No. 100924

Registered No. last

FULL NAME OF CHILD Baby Hammer, Roland Jasper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Jan. 22 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lewis Marvin Hammer	Louise Day
RESIDENCE	Idaho Falls, Ida - R.F.D. #3	Idaho Falls, Ida R.F.D. #3
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Bingham Co, Ida —	Leighton, Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mary L. Wilson M. D.

(Physician or midwife)

Address Pocatello Ida

Filed Mar 20 1922

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls Ida

Street: R. F. D. # 3

County: Bonneville

File Number: 100924

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Jan. 22 192 2

Father: Lewis V. Hammer (Full Name)

Mother: Louisa Day (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Roland Jasper Hammer (Child's Name in Full)

Mrs. Louisa D. Hamm (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

er

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

553-217-010-493

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 100925

No. ..... St.

Primary Registration District No. 21 V D Registered No. 67

Hospital .....

FULL NAME OF CHILD Bernice Blanche Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan. 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar Bernard Nelson	FULL MAIDEN NAME	Beatrice May Miller
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Clay Center, Kas	BIRTHPLACE	Boston, Mass.
OCCUPATION	Stationary Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:20 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M.D.

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed Mar 20 1922 C. Kennard

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759.116.010-734

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 13

Primary Registration District No. 2170

File No. 100927

Registered No. 6V

FULL NAME OF CHILD Edwin Henry Fleisher

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth
male			yes	Jan. 16 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Henry Georg Fleisher	FULL MAIDEN NAME	Edna May Plummer
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Concordia, Mo.	BIRTHPLACE	Altoona, Pa.
OCCUPATION	auto mechanic	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:50 P. M. on the date above stated.

(Signature) Harry R. Wilkes M.D.

M.D. (Physician or midwife)

Address Idaho Falls Ida.

Filed Mar 20 1922 [illegible] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...RGIN RESERVED FOR BINDING

...E PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

396-112-010-255

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 100928

No. ..... St.

Primary Registration District No. 2170

Registered No. 64

Hospital .....

FULL NAME OF CHILD Benham Russell Trowbridge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb. 12 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eugene Russell Trowbridge	FULL MAIDEN NAME	Zoe Benham
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho Falls, Ida.	BIRTHPLACE	Park Rapids, Minn.
OCCUPATION	Manager Grain Elevator	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Wilson M.D.

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls

Registrar

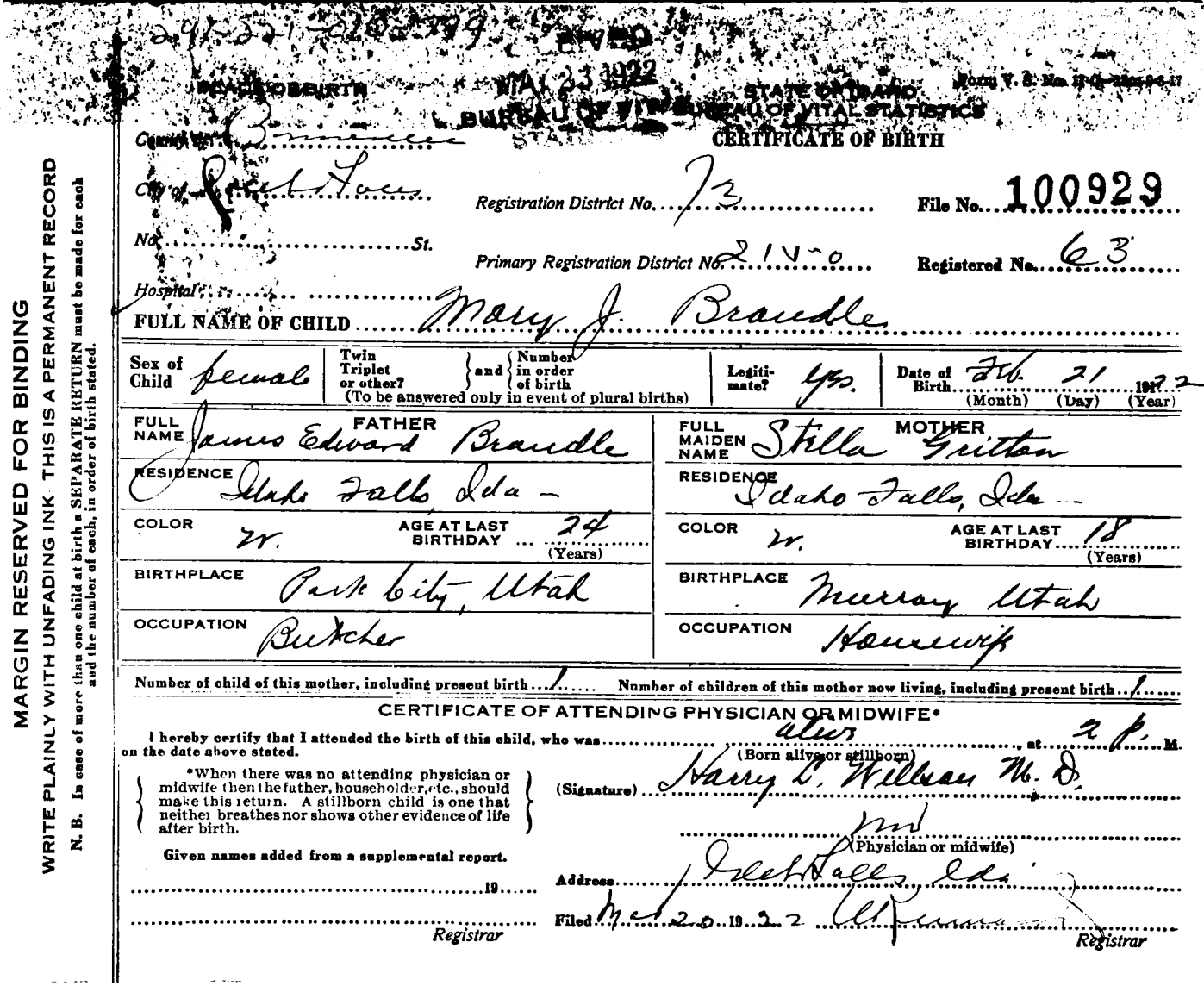
Filed May 20 1922 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-221-010-399

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 17-C-2305-9-6-17

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 73

File No. 100929

Primary Registration District No. 2140

Registered No. 63

FULL NAME OF CHILD Mary J. Brandle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Feb. 21 1922

FATHER		MOTHER	
FULL NAME	James Edward Brandle	FULL MAIDEN NAME	Stella Gritton
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Park City, Utah	BIRTHPLACE	Murray Utah
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson M. D.

MD (Physician or midwife)

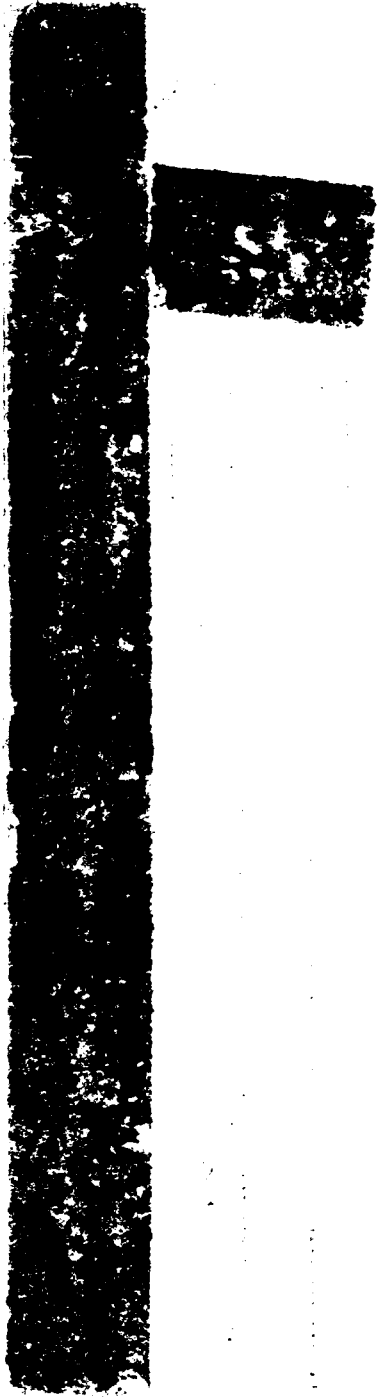
Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Ida.

Registrar

Filed Mar 20 1922 [signature] Registrar



533-117-010-343

PLACE OF BIRTH

RECEIVED MAY 23 1922 VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls Registration District No. 73 File No. 100930

No. Route 3. St. Primary Registration District No. 2170 Registered No. 109

Hospital

FULL NAME OF CHILD MAHLON WILLIAM Edlingford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr. 17 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edw. Edlingford	Inez Cutler
RESIDENCE	Ida Falls	Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	white / 25	white / 19
BIRTHPLACE	Ida Falls	Wisconsin, Idaho
OCCUPATION	Farmer	H. D.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez N. West M.D.

(Physician or midwife)

Address Idaho Falls

Given names added from a supplemental report.

19

Registrar

Filed May 2 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 100930
County of Bonneville } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth ~~or Death~~)
for Mahlon William Ellingford (Name on Original Certificate) who (Was Born ~~or Died~~) on APRIL 17th 1922 (Date of Event)
in Ammon (Place of Event) ~~are erroneous or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, ~~Insurance Policy~~, Etc.) prepared on June 15, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mahlon William Ellingford

Subscribed and sworn to before me this 1st
day of June, 1942

Signed Mrs. A. E. Ellingford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

~~Notary Public~~, residing at Idaho Falls, Idaho
~~My commission expires~~ By Grace McIntosh Deputy 495 East 17th St.
(Seal) (Street Address, City, State)
Idaho Falls, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of June, 1942

Signed Ed Ellingford
(Signature of Any Credible Person Other Than Previous Year)

~~Notary Public~~, residing at Idaho Falls, Idaho By Lulu Foley Deputy 495 East 17th Street
Idaho Falls Idaho
(Street Address, City, State)

~~My commission expires~~
(Seal)

JUN 3 1942

JUN 5 1942

MAR 22 1960

JAN 8 1974

719-106-010-851

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

Registration District No. 73 File No. 100931

No. 126 - 12th St.

Primary Registration District No. 2150 Registered No. 108

Hospital

FULL NAME OF CHILD Alfred ~~Leroy~~ Palmer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Mar 6 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leroy Palmer	FULL MAIDEN NAME	Ethel Heap
RESIDENCE	Wyoming	RESIDENCE	Afton Wyoming
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Plain City Ut.	BIRTHPLACE	Freedom, Wyo.
OCCUPATION	Farmer	OCCUPATION	~~Farmer~~ Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West

MD

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

19

Filed May 2 1922 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED JUN 24 1922

JUN 10 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: 126 - 12 St.

County: Bonneville

File Number: 100931

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: March 6 1922

Father: Leroy Palmer (Full Name)

Mother: Ethel Heap Palmer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alfred ~~Leroy~~ Palmer

Child's Name in Full

Ethel Palmer

Signature of Father or Mother

JUL 22 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

235-214-010-345

name added 10-14-81

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R 703 St.

Registration District No. 73 File No. 100932

Primary Registration District No. 2107 Registered No. 107

Hospital

FULL NAME OF CHILD Linna Bleak

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	April 14 1922

FATHER		MOTHER	
FULL NAME	Harvey Y. Bleak	FULL MAIDEN NAME	Ivy Lund
RESIDENCE	Idaho Falls	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	St. George UT	BIRTHPLACE	St. George UT
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fabez Bleak M.D.

(Physician or midwife)

Address Idaho Falls

Given names added from a supplemental report.

19

Registrar

Filed May 2 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-12-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of NEVADA
County of CLARK } ss. OCT 13 4 41 PM '81

Certificate No. 100932
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bleak (Name on Original Certificate) who was born (Was Born, Died, etc.) on 4-14-22 (Date of Event)

in Idaho Falls (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Linna Bleak

Subscribed and sworn to before me this 6TH day of OCTOBER, 1981.

Notary Public, Dennis D. Harman
Residing at
My commission expires
(Seal)

OFFICIAL SEAL
DENNIS D. HARMAN
NOTARY PUBLIC - STATE OF NEVADA
COUNTY OF CLARK
My Appointment Expires April 16, 1988

Linna Bleak White
Signature of Applicant

1416 Dogwood N. Las Vegas Nev. 89030
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of NEVADA
County of CLARK } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6TH day of OCTOBER, 1981.

Notary Public, Dennis D. Harman
Residing at
My commission expires
(Seal)

OFFICIAL SEAL
DENNIS D. HARMAN
NOTARY PUBLIC - STATE OF NEVADA
COUNTY OF CLARK
My Appointment Expires April 16, 1988

Gleo B Kaneen
Supporting Signature

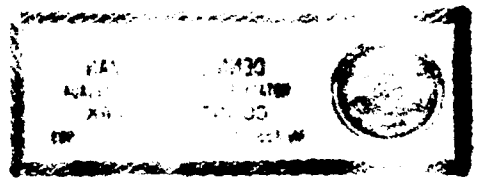
360 Leader st Woodland Wa.
Street Address, City, State

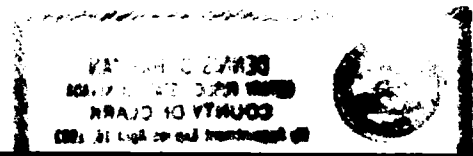
1 cc pd

LDS Church Cert of Baptism and Confirmation gives Linna Bleak born 4-14-22 in Ammon to Harry Young Bleak and Ivy Mae Lund was baptised 4-15-31 in West Ward, St George Stake. Viewed by V.S.

OCT 14 1981

Family Record sheet gives Linna Bleak born 4-14-22 to Harry Young Bleak and Ivy May Lund at Ammon Married on 1-3-41 to Matt White. Viewed by V.S.





242-223-010-632

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 100933

No. ..... St.

Primary Registration District No. 2107 Registered No. 106

Hospital Peoples

FULL NAME OF CHILD Melvin Clarence Bushnell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	\		\	Yes	Feb 23 1922

FATHER	MOTHER
FULL NAME Cyrus C. Bushnell	FULL MAIDEN NAME Hannah Olsen
RESIDENCE Idaho Falls	RESIDENCE Same
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE So. Dakota	BIRTHPLACE Same
OCCUPATION Farmer	OCCUPATION H W

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Jabez Black M.D.

(Physician or midwife)

Address Idaho Falls

Filed May 2 1922 [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 16 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Ozone

Street

County Bonneville

File Number 100933

Registration Dist. No.

Sex of Child Female male

Date of Birth Feb. 23 1922

Father Cyrus Edward Bushnell
Full Name

Mother Mary Anna Olson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Melvin Clarence Bushnell
Child's Name in Full

us Edward Bushnell
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME

- - - - - - - - - - -

Birth registration is part of every child's birthrigh

It establishes legally the date of the child's birth, and legitimacy.

It enables the Public Health Nurse to make sure the been protected from danger of blindness and other infections

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - -

1. The correct age for purposes of school attendance
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men pelled to furnish certified copies of certificates of birth, portant that the certificates be filed with the BUREAU OF VI TICS and the same completed by furnishing the name of the ch

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHIL

12-4-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
FEB 1 1982
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 100933
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Melvin Clarence Bushnell (Name on Original Certificate) who was born (Was Born, Died, etc.) on 2-23-22 (Date of Event)

in Idaho Falls (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
sex of child	Female	Male

Subscribed and sworn to before me this 28th day of Jan, 1982

Notary Public, ~~Oregon~~ Ellaise Stanford
Residing at Rainier, State of Oregon
My commission expires 4-26-83
(Seal)

x Melvin Clarence Bushnell
Signature of Applicant

151 Brighton Pl Kelso Wash
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of (Rainier) Columbia

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of Jan, 1982.

Notary Public, Ellaise Stanford
Residing at Rainier Oregon
My commission expires 4-26-83
(Seal)

x Lucille Randall
Supporting Signature

3538 Columbia Hts Ld. Wa
Street Address, City, State

1 cc pd

FEB 3 1982

Family Record dated and notarized on 8-15-40 gives Melvin Clarence Bushnell youngest SON of Cyrus E. Bushnell and Mary A Bushnell was born 2-23-22 at Idaho Falls, Idaho. Viewed by V.S.

U.S. Army gives Sergeant Melvin C. Bushnell completed course of instruction for Aerial Gunners at Las Vegas Army Gunnery. Dated 8-31-42. Viewed by V.S.

665·225·010-942

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

Registration District No. 73 File No. 100934

No. 396 E. St.

Primary Registration District No. 2140 Registered No. 104

Hospital

FULL NAME OF CHILD Margie Owens

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	Yes	Mar 25 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George S. Owens	FULL MAIDEN NAME	Idelia Russell
RESIDENCE	Ida Falls	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Stockman	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Wood

MD.

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

19

Registrar

Filed May 2 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

584-120-010-345

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECE... MAY ... BUR... STA...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

Registration District No. 73 File No. 100935

No. R F D 3. St.

Primary Registration District No. 2140 Registered No. 104

Hospital

FULL NAME OF CHILD Church

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Mar. 20 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John D Church.	FULL MAIDEN NAME	Ella Lund.
RESIDENCE	Ida Falls	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Cedar, Ut.	BIRTHPLACE	Panguitch, Ut.
OCCUPATION	Farmer	OCCUPATION	H W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez N Nest

MD

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

19

Registrar

Filed May 2 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

665·214·010-231

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 100936

No. R 703 St.

Primary Registration District No. 210 Registered No. 103

Hospital

FULL NAME OF CHILD Delsa Owen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes.	May 14 1922

FATHER		MOTHER	
FULL NAME	Ward Owen	FULL MAIDEN NAME	Alma Blackledge
RESIDENCE	Idaho Falls	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho Falls.	BIRTHPLACE	England.
OCCUPATION	Farmer	OCCUPATION	H W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) Jabez West

MD

(Physician or midwife)

Address Idaho Falls

Filed May 2 1922 W T Turner

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 27 1922
BUREAU OF VITAL STATISTICS

IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 1 6 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ammon

Street: .....

County: Bonneville, Idaho

File Number: 100936

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: March 14th 1922.

Father: David Albert Owen (Full Name)

Mother: Elizabeth Alice Blackledge (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Delsa Owen
Child's Name in Full

David A Owen
Signature of Father or Mother

NOV 14 19

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

713-219-010-815

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Registration District No. 73 File No. 100937

No. Rte 6 St.

Primary Registration District No. 2140 Registered No. 102

Hospital

FULL NAME OF CHILD Alice Elizabeth Galloway

Sex of Child Female | Twin Triplet or other? \ and Number in order of birth \ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Apr (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William O. Galloway	FULL MAIDEN NAME	Caroline Hanson
RESIDENCE	Ida Falls	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Nash

M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

19

Registrar

Filed May 2 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 26 1922
BUREAU OF VITAL

JUN 10 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: 499 E St.

County: Bonneville

File Number: 100937

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: April 19 1922

Father: William E. Galloway (Full Name)

Mother: Carline Anna Hansen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alice Elizebith Galloway
Child's Name in Full

William E. Galloway
Signature of Father or Mother

MAY 6 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

815-217-010-285

[redacted] 7-21-19

PLACE OF BIRTH amended 4/28/80

RE[redacted]

MAY 23 1922

BUREAU OF VITAL STATISTICS

County of Bonneville

CERTIFICATE OF BIRTH

City of Ida Falls

Registration District No. 13

File No. 100938

No. 257 Hill St.

Primary Registration District No. 2100

Registered No. 101

Hospital

FULL NAME OF CHILD Alice Thelma Hansen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Feb 17 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hartvig Hansen	FULL MAIDEN NAME	Thelma Shelton
RESIDENCE	Ida Falls	RESIDENCE	Ida Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Layo, Ida	BIRTHPLACE	Logan, Ida
OCCUPATION	Janitor	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West MD

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

19

Registrar

Filed May 2 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number .....100938.....

Registration Dist. No. .....

Sex of Child.....Female.....

Date of Birth .....192....

Father ..... Mother .....

Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

2-4-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR REMOVE AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 14 10 54 AM '80

State of Idaho
County of Bonneville } ss.

Certificate No. 100938
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Hansen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 17, 1922 (Date of Event)

in Idaho Falls (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Alice Thelma Hansen

Subscribed and sworn to before me this 7th day of February, 1980.

Notary Public, Lorien L. McSorley
Residing at Idaho Falls, Idaho
My commission expires Aug. 1, 1981
(Seal)

Thelma Hansen
X
Signature of Applicant

370 6th Street Idaho Falls, Id
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

From the LDS Church record of Baptism fx gives nameas Alice Thelma Ashliman born Feb 17, 1922 at Idaho Falls, Idaho. Baptized Setp 1, 1939. father's name as Hartvey Julius Hansen and mother's name as Thelma Alice Shelton. viewed y VS

APR 2 9 1980

Marriage License and Certificate from Idaho gives nae as Ralph E. Ashliman and the bride's nsme as Alice Hansen. dated Nov 23, 1945. viewed by B. S.

231-216-010-891

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

Registration District No. 73

File No. 100939

No. R F D 3 St.

Primary Registration District No. 2107

Registered No. 100

Hospital

FULL NAME OF CHILD VELTA Blatter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Mar 16 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gottlieb Blatter	FULL MAIDEN NAME	Dora Hiatt
RESIDENCE	Ida Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mud Prairie, Ill.	BIRTHPLACE	Plano, Ida.
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Wrst

MD (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

19

Filed May 2 1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____ }

Certificate No. 100939

Date Filed MAR 30 19__

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Blatter (Name on Original Certificate) who was born (Was Born or Died) on March 16, 1922 (Date of Event) in Idaho Falls, Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on March 20, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Blatter	----- Velta Blatter March 16, 1922

First name omitted because baby not named at time report was sent in

Subscribed and sworn to before me this 27th day of March, 1942

S M Blaylock

Notary Public, residing at Idaho Falls, Idaho

My commission expires February 20, 1944
(Seal)

Signed John O. Mellor M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

492 L Street, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of March 1942

John M Homer

Notary Public, residing at Idaho Falls

My commission expires 5/3/44
(Seal)

Signed Leonard G Ball
(Signature of Any Credible Person Other Than Previous Year)

316-12 St Idaho Falls Idaho
(Street Address, City, State)

666.127.010-215

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 73 File No. 100940

No. ..... St.

Primary Registration District No. 2140 Registered No. 99

Hospital .....

FULL NAME OF CHILD John Preston Woolf

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	April 27 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harvey Woolf	FULL MAIDEN NAME	Loretta Sanders
RESIDENCE	Ucon	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Mrst

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed May 2 1922 W Fernando
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

RECEIVED
JUN 16 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ucon

Place of Birth — Street: .....

Place of Birth — County: Bonneville

File Number 100940

Registration Dist. No. .....

Date of Birth April 27 1922

Sex of Child ..... Male

Father John Harvey Woolf (Full Name) Mother Henrietta Sanders (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Preston Woolf
Child's Name in Full

John Harvey Woolf
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

962-117-010-243

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 73

File No. 100942

No. ..... St.

Primary Registration District No. 2100

Registered No. 97

Hospital

FULL NAME OF CHILD George Wilford Robinson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Apr (Month) 17 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel Robinson	FULL MAIDEN NAME	Ann May Buchall
RESIDENCE	Ucon	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez N. West

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls, Ida

Filed May 2 1922 [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1966

695-229-010-547

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 100948

No. R.F.D. 3 St.

Primary Registration District No. 2150

Registered No. 96

Hospital

FULL NAME OF CHILD Marine Field

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 29 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME John Franklin Field	FULL MAIDEN NAME Ceretta Empey
RESIDENCE Idaho Falls, Idaho.	RESIDENCE Idaho Falls, Idaho.
COLOR White — AGE AT LAST BIRTHDAY 28 (Years)	COLOR White — AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Hunter, Utah.	BIRTHPLACE Idaho Falls, Idaho.
OCCUPATION Farming	OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls, Idaho.

Filed May 1 1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECLASSIFIED

RECEIVED
SEP
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 16 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls Ida

Street: .....

County: Bonneville

File Number: 100943

Registration Dist. No.: 19

Date of Birth: 29 of April 192 2

Sex of Child: Female

Father: John Franklin Field (Full Name)

Mother: Ceretta Empey (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marine Field
Child's Name in Full

Ceretta Field
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

756-127-010-265

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 100944

No. R+R. 3 St.

Primary Registration District No. 2150

Registered No. 9V

Hospital

FULL NAME OF CHILD Allen Clement George

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 27 1922

FATHER	MOTHER
FULL NAME: Nicholas Edward George	FULL MAIDEN NAME: Emma Fredricka Boehmer
RESIDENCE: Idaho Falls, Idaho -RFD 3	RESIDENCE: Idaho Falls, Ida. R.FD. 3
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: St. Paul, Kan.	BIRTHPLACE: Ritchey, Mo.
OCCUPATION: Farming	OCCUPATION: Housework.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed April 28 1922.

[signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 26 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 1 6 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: .....

County: Bonneville

File Number: 100944

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: April 27 1922

Father: Nicholas E George
Full Name

Mother: Emma Bachr
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Allen Clement George
Child's Name in Full

.....
Signature of Father or Mother

MAR 1 1 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-111-010-231

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAY 23 BUREAU OF VITAL STATISTICS

County of Bonneville

City of Ucon

Registration District No. 73

File No. 100945

No. ..... St.

Primary Registration District No. 21 V-0

Registered No. 94

Hospital Home

FULL NAME OF CHILD Eugene Lincoln Clayton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr. (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Hugh Clayton	FULL MAIDEN NAME	Louvenia Dorcas Slaughter
RESIDENCE	North Carolina	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:10 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ucon Ida

Filed Apr 28 1922 [signature] Registrar

..... Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 1 6 1922

Boise, Idaho, ... 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital impo ance to have the full name included in the record. Kindly fill in the information requested in the blank be and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ucon

Street: Idaho

County: Bingham

File Number: 100945

Registration Dist. No. .....

Sex of Child: Male White

Date of Birth: April 11 192.

Father: Thomas Hugh Clayton (Full Name)

Mother: Louvenia Dorcas Sl (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eugene Lincoln Clayton

Child's Name in Full

Dorcas Clayto

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
'ILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NA'E OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are comd to furnish certified copies of certificates of birth, it is imnt that the certificates be filed with the BUREAU OF VITAL STATISand the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

769-215-010-000

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 73

File No. 100946

No. ..... St.

Primary Registration District No. 21 V-0

Registered No. 93

Hospital Home

FULL NAME OF CHILD Mollie Dean Gordon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr. (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Guy Robert Gordon	FULL MAIDEN NAME	Annie — !
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Ucon Ida

Filed Apr 28 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1943

551-112-010-168

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 73 File No. 100947

Primary Registration District No. 2170 Registered No. 92

FULL NAME OF CHILD John Junior Evans

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Mar 12 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A Ezoa Evans	FULL MAIDEN NAME	Mildred Johnson
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Leen Creek Mo	BIRTHPLACE	Nevada Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Rogers

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed Apr 20 1922 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 29 19[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: 183 Eighth st.

County: Bonneville

File Number: 100947

Registration Dist. No.:

Sex of Child: Male

Date of Birth: March 12 192[illegible]

Father: Amos Ezra Evans (Full Name)

Mother: Matilda Mildred Johnson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Junior Evans
Child's Name in Full

Ezra Evans
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

813-225-010-119

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 100948

No. ..... St.

Primary Registration District No. 2150

Registered No. 91

Hospital .....

FULL NAME OF CHILD Rose Halling

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	April 25 1922

FATHER	MOTHER
FULL NAME: Maringr Halling	FULL MAIDEN NAME: Rose Catherine Jarvis
RESIDENCE: Idaho Falls, Idaho	RESIDENCE: Idaho Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Mantua, Utah	BIRTHPLACE: Ipswitch, England.
OCCUPATION: Farming	OCCUPATION: Housework.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report.

..... 19....

Registrar

Filed April 25 1922.

[signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

286-123-010-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

No. ..... St. ..... Registration District No. 73 File No. 100949

Hospital ..... Primary Registration District No. 210 Registered No. 70

FULL NAME OF CHILD Garth Jack Shomler

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 23 1922

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	J. C. Shomler	FULL MAIDEN NAME	Elva Stalnaker
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Shellsburg, Iowa	BIRTHPLACE	Palmer Neb.
OCCUPATION	Ticket Agent O.S.L.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 4 30 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Sodergren M.D.
Physician
(Physician or midwife)

Address Idaho Falls, Idaho.

Filed Oct. 24 1922 C. Stevenson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A
FOR EACH CHILD AND THE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: 416 4th St

County: Bonneville

File Number: 100949

Registration Dist. No.:

Date of Birth: April 23 1922

Sex of Child: Male

Father: Julius Clarence Shomler
Full Name

Mother: Elva Laura Stalnaker
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Garth Jack Shomler
Child's Name in Full

Elva L Shomler
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

289-230-010-964

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bonneville

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Idaho Falls, Idaho

Registration District No. 73 File No. 100950

No. ..... St.

Primary Registration District No. 2177 Registered No. 89

Hospital .....

FULL NAME OF CHILD Elizabeth Shive

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	March 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert William Shive	FULL MAIDEN NAME	Lucile Eva Rodgers
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Missouri
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho

Filed Mar 31 1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

Boise, Idaho, JUN 16 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: R# 2

County: Bonneville

File Number: 100950

Registration Dist. No.:

Date of Birth: Mar 30 192 2

Sex of Child: Female

Father: Robt William Shire
Full Name

Mother: Eva Lucile Shire
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Elizabeth Shire
Child's Name in Full

R. W. Shire
Signature of Father or Mother

789-208-010-295

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 100951

Primary Registration District No. 2107 Registered No. AA

FULL NAME OF CHILD Violanda Catherine Phillipp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 8, 1922

FATHER		MOTHER	
FULL NAME	Joseph A. Phillipp	FULL MAIDEN NAME	Francis Sieger
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Munson, Minn	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	Wouse wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Ruppert D.O.

D.O.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls, Idaho

Filed April 20 1922 W. Tennant
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-211-010-314

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 100952

No. ..... St.

Primary Registration District No. 2170

Registered No. A7

Hospital .....

FULL NAME OF CHILD ~~Lucelle~~ Vance, Lucile Grace

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April (Month) II (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	L. H. Vance	FULL MAIDEN NAME	Fae Caudle
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Salt Lake City UT	BIRTHPLACE	Nebo, Ill.
OCCUPATION	Mechanic	OCCUPATION	House keeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at II P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Gupperle D. O.

D. O.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho

Registrar

Filed Apr 20 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1948

JUL 2 0 1942

OCT 24 1950

495-210-010-545

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 100953

No. ..... St.

Primary Registration District No. 2107 Registered No. 46

Hospital .....

FULL NAME OF CHILD Francis Drewes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 10 22

FATHER		MOTHER	
FULL NAME	Herman W. H. Drewes	FULL MAIDEN NAME	Frances Nunn
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Germany	BIRTHPLACE	Bridgeport, Nebr.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth I Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Geo. A. Aufderle D. O.

D. O.

(Physician or midwife)

Address Idaho Falls, Idaho

Filed Apr 20 1922

Registrar

819-101-010-515

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAY 23 192

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 23

File No. 100954

No. ____ St.

Primary Registration District No. 2107

Registered No. 21

Hospital ____

FULL NAME OF CHILD Vergil Lehi Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 1 19 22

FATHER		MOTHER	
FULL NAME	Lehi Harris	FULL MAIDEN NAME	Rose Naegeli
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Clarkston, Utah	BIRTHPLACE	Switzerland
OCCUPATION	Sexton	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 a. M.
(Born alive or stillborn)
on the date above stated.

(Signature) Geo. A. Upperco D.O.
D.O.
(Physician or midwife)

Address Idaho Falls, Idaho

Filed Apr 20 19 22 W Fremont
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 ____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1973

MAY 1 4 1949

AUG 1 4 1951

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-212-010-844

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 100955

No. ..... St.

Primary Registration District No. 2100

Registered No. A4

Hospital .....

FULL NAME OF CHILD Margery Alice Knight

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	April 12 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arvel D. ~~Avril~~ Knight	FULL MAIDEN NAME	Ruth B. Humphrey
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White AGE AT LAST BIRTHDAY 20 (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Little Rock, Ark.	BIRTHPLACE	Pierce, Nebr.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Aupperle D.O.

D.O.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls, Idaho

Filed Apr 20 1922 [signature] Registrar

756-814-010-769

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Bonneville

City of Idaho Falls, Idaho

Registration District No. 73 File No. 100956

No. ..... St.

Primary Registration District No. 21 V Registered No. 13

Hospital .....

FULL NAME OF CHILD Mary Marjorie George

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	April 14 1922

FATHER		MOTHER	
FULL NAME	Amandus John George	FULL MAIDEN NAME	Florence Rose Portner
RESIDENCE	Idaho Falls, Idaho RR #6	RESIDENCE	Idaho Falls, Idaho RR #6
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	St. Paul Kansas	BIRTHPLACE	Garden City, Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician

(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

19.....

Registrar

Filed Apr 21 1922 [illegible]

Registrar

JUN 7 1965

355-121-010-395

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

MAY 25 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

Registration District No. 73 File No. 100957

No. ..... St.

Primary Registration District No. 2100 Registered No. 82

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Stanley Lee	FULL MAIDEN NAME	Minnie Treasure
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho

Registrar

Filed Apr. 21 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SONS WHY A [illegible]ICATE OF BIRTH SHOULD
D AND [illegible] THE [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number .....100957.....

Registration Dist. No. .....

Sex of Child.....Male.....

Date of Birth .....192....

Father ..... Mother .....

Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

113-118-010-695

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho

Registration District No. 73 File No. 100958

No. ..... St.

Primary Registration District No. 2150 Registered No. 81

Hospital .....

FULL NAME OF CHILD Henry Clay Jackson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April 18 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harvey E. Jackson	FULL MAIDEN NAME	Helen Frew
RESIDENCE	Idaho Falls, Idaho.	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho

Filed Apr 20 1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATIC

DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls Ida.

Street: R 7 B No 2

County: Bonneville

File Number: 100958

Registration Dist. No. .....

Date of Birth April 18 .....192~~2~~

Sex of Child: Male

Father: Howard Eugene (Full Name)

Mother: Helen Jane Fagen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Henry Clay Jackson
Child's Name in Full

Mrs. H. E. Jackson.
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

212-110-010-652

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 19th & Curtis St.

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

Registration District No. 73

File No. 100959

Hospital —

Primary Registration District No. 2 W-0

Registered No. 50

FULL NAME OF CHILD Donald Baker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	April 10 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Levi Baker	FULL MAIDEN NAME	Edna Webster
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Lewiston Cache Co. Utah	BIRTHPLACE	Rock Springs, Wyoming
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton
Physician
(Physician or midwife)

Address Idaho Falls Idaho.

Filed Apr. 18 1922 [signature]
Registrar.

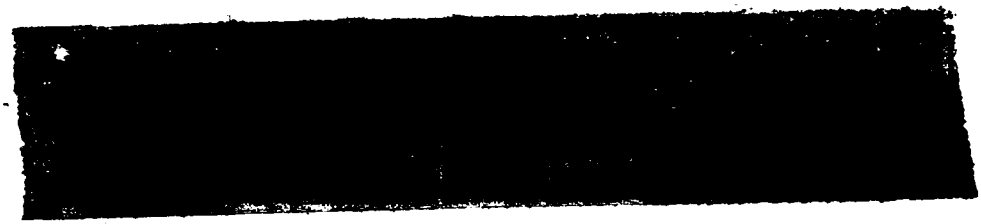
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



145-212-010-214

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of _____

No. _____ St.

Hospital _____

Registration District No. 73

Primary Registration District No. 210

File No. 10990

Registered No. 75

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	March 12 1922

FATHER		MOTHER	
FULL NAME	Hyrum Ames	FULL MAIDEN NAME	Ester Saunders
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Trenton Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Laborer	OCCUPATION	Home wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or ~~stillborn~~), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Godfrey Stoddard

midwife

(~~Physician~~ or midwife)

Address Rigby Idaho R S 1

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Filed Apr 12 1922

_____
Registrar

395-231-010-398

RECEIVED
MAR 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100961

County of Bonneville

City of ..... Registration District No. 73

No. ..... St. Primary Registration District No. 2170 Registered No. 78

Hospital .....

FULL NAME OF CHILD Audrey Treasure

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth | Legitimate? Yes | Date of Birth March 31 (Month) (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Luther Treasure

RESIDENCE Garfield

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Downey Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Catherene E Crystal

RESIDENCE Garfield

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Holliday Utah

OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4-10 P.M. on the date above stated.

(Signature) Mary Godfrey Stoddard

Midwife

(Physician or midwife)

Address Rigby Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Apr 12 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 3 1974

JAN 2 1 1944

231-103-010-819

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 28 1922
BUREAU OF VITAL

County of Bonneville

City of Ucon

No. ..... St.

Hospital Home

Registration District No. 73

File No. 100962

Primary Registration District No. 2140

Registered No. 77

FULL NAME OF CHILD Raymond Eugene Staggs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas J Staggs	FULL MAIDEN NAME	Minnie Harris
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:15 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ucon Ida.

Filed Apr. 10 1922 [signature]

Registrar

Registrar

S-Y CO. 24558

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

JUN 1 n 192[illegible]

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... County .....

File Number 100962

Registration Dist. No. .....

Sex of Child Male

Date of Birth .....192..

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Child's Name in Full

..... Signature of Father or Mother

NOV 17 1983

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

216-228-010-324

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital Home

Registrat[redacted] 73

File No. 100963

Primary [redacted]trict No. 2140

Registered No. 76

FULL NAME OF CHILD Yoneko Kawamura

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 28 1922

FATHER		MOTHER	
FULL NAME	Kotarou Kawamura	FULL MAIDEN NAME	Toku Tsubai
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	yellow	COLOR	yellow
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons
midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ucon Idaho

Filed Apr 25 1922 Wm Kennard
Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

239-105-010-261

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 100964

No. ..... St.

Primary Registration District No. 2140 Registered No. 74

Hospital .....

FULL NAME OF CHILD Eugene Swan Stringham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar. 5 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Clarence E. Stringham	FULL MAIDEN NAME	Ida Ethel Swan
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42 yrs	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:05 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Millar MD

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho.

Registrar

Filed Apr. 4 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-21-C10-864

Amended June 12, 1962 (Be sure the information is complete and accurate)

State File No. 100965

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Rachel b. (Middle) c. (Last) Brown

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) January (Day) 14, (Year) 1922

FATHER OF CHILD

7. FULL NAME: a. (First) Dea b. (Middle) c. (Last) Brown

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Josephine b. (Middle) c. (Last) Young

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Harry L. Willson

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Idaho Falls, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: May 20,1922

20. REGISTRAR'S SIGNATURE: W. Kinnard

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREGNANCY

22b. WEIGHT AT BIRTH

23. Was a standard serological test for syphilis performed? --- [ ] --- [ ]

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by r cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Marriage Certificate gives name as Rachel Brown. Dated June 1, 1943 Viewed by V.S.
z Own childs birth certificate IDAHO DEPARTMENT OF HEALTH
gives mothers name as BUREAU OF VITAL STATISTICS
Rachel Brown. File #437997. Dated June 11, 1947.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 100965

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on January 14, 1922 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Rachel Brown
Sex	Male	Female
		Josephine Brown

Subscribed and sworn to before me this 1 day of June, 19 43

Notary Public, residing at Boise, Idaho
My commission expires 3-5-63
(Seal)

Signed V Josephine Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

451½ H Street, Ida Falls, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

693-205-
011-263

PLACE O[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Boundary

City of Bonners Ferry

No. ____ St. ____ Registration District No. 21 ____ File No. 100969

Hospital Bonners Ferry Primary Registration District No. 2156 Registered No. ____

FULL NAME OF CHILD Francis Helen Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes.	Apr. 5th 1922.

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1/2 Silver Nitrate

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Oliver C. Wilson	FULL MAIDEN NAME	Margaret Bottom
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wis.	BIRTHPLACE	S. Dak.
OCCUPATION	attorney-at law	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Give names added from a supplemental report.

....., 19.....

Filed 4/8/1922. E E Fry
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1942

[redacted]

236-108-011-243

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100970

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79

Hospital Bonners Ferry Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Clyde Dewain Stone

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Apr. 8 — 1922

What bactericidal solution was used in eyes? 1% Sol. Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Roe O. Stone	FULL MAIDEN NAME Grace Bucher
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	19 (Years)
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Laborer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 4/11/1922 E E Fry

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 15 1953

319-211-011-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79 File No. 100971

Hospital ..... Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Vera Fern Carlock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of birth (Month) Apr. (Day) 11 (Year) 1922
Female			

What bactericidal solution was used in eyes? 1 2 soln $AgNO_3$

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Wm Winfield Carlock	FULL MAIDEN NAME	Goldie Preston
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Mo.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Bonners Ferry, Ida

Filed 4/16/ 1922. E. E. Fry Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

County of [illegible]

City of Bonners Ferry

No. 249-111-011-445 St. Registration District No. 79 File No. 100972

Hospital _____ Primary Registration District No. 2156 Registered No. _____

FULL NAME OF CHILD Norman C. Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Apr. 11th 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Virgil Smith	FULL MAIDEN NAME	Alice Dunn
RESIDENCE	Pendelton Ore.	RESIDENCE	Pendelton Ore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive, at 8 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Bowell
Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Filed 4/13/1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number .....100972.....

Registration Dist. No. .....

Sex of Child.....Male.....

Date of Birth .....192....

Father ..... Mother .....
Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 100972

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Smith (Name on Original Certificate) who born (Was Born or Died) on April 11, 1922 (Date of Event) in Bonners Ferry (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Military Discharge (Bible Record, Insurance Policy, Etc.) prepared on 17 June 45 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Norman C. Smith

Subscribed and sworn to before me this 22nd day of March, 1958

R. D. Phillips

Notary Public, residing at Spokane Wash
My commission expires Nov 24th 1958
(Seal)

Signed Alice Dunn Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2608 N. Atlantic Spokane 17 Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of March 1958

R. D. Phillips

Notary Public, residing at Spokane Wash
My commission expires Nov 24th 1958
(Seal)

Signed Donald J. Irving
(Signature of Any Credible Person)

4209 W. Rowan Spokane, Wn
(Street Address, City, State)

FORM DPH 55.155

NNCL 3-20-58 2 copies paid

MAR 31 1958

MAR 28 1958

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
168-121-011-395

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100973

County of Boundary
City of Bonners Ferry St.
No. ..... St.
Registration District No. 79
File No. .....
Hospital .....
Primary Registration District No. 315-b
Registered No. .....

FULL NAME OF CHILD Lewis Frank Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Apr. 21 1922

What bactericidal solution was used in eyes? 1% Sol. Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Lewis Easton Johnson	Martha M. Lindquist
RESIDENCE	Bonners Ferry, Ida	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Idaho	Sweden
OCCUPATION	Auto mechanic	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Give names added from a supplemental report.

....., 19.....

Filed 4/22 1922 E. E. Fry
Registrar.

..... Registrar.

238-227-011-554 CHILD'S NAME AMENDED 4/21/99TLC

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922

CERTIFICATE OF BIRTH

County of Boundary
City of Bonners Ferry
No. ____ St.
Registration District No. 79
File No. 100974
Hospital Bonners Ferry
Primary Registration District No. 715
Registered No. ____

FULL NAME OF CHILD Catherine KATHERINE Mary Scherer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— and —	—	Yes	Apr. 27 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Sol. Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Nicholas Scherer	FULL MAIDEN NAME Mary Neumeyer
RESIDENCE	Bonners Ferry, Ida	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	29
BIRTHPLACE	Germany	Wis
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Give names added from a supplemental report.

....., 19.....

Filed 4/31/1922. E E Fry
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-12-41

JUN 29 1945

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

4-7-99

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS
99 APR 20 AM 10:05

State of _____ } ss.
County of _____

Certificate No. 1922-100974
Date Filed MAY 23, 1922

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for CATHERINE MARY SCHERER (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on APRIL 27, 1922 (Date of Event)

in BONNERS FERRY (BOUNDARY) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	CATHERINE MARY SCHERER	KATHERINE MARY SCHERER

Subscribed and sworn to before me this _____ day of _____, ___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

+ Katherine M. Perez
Signature of Applicant
+ 79 Windsor Dr Daly City
Street Address, City, State
CA-94015

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Mateo

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of April 1999.

Notary Public, Felisa N. Preciado
Residing at 329 S Mayfair Ave, Daly City, CA
My commission expires Jul. 24, 2002
(Seal)

FELISA N. PRECIADO
COMM. #1191162
NOTARY PUBLIC - CALIFORNIA
SAN MATEO COUNTY
My Comm. Expires JUL 24, 2002

Supporting Signature

Street Address, City, State

lcc pd

CERTIFICATE OF BAPTISM GIVES NAME AS KATHERINE M. SCHERER DAUGHTER OF NICHOLAS SCHERER AND MARY NEUMARY. BORN AR BONNERS FERY, IDAHO ON APRIL 27, 1922 BAPTIZED MAY 4, 1922 AT THE CHURCH OF ST. ANNS AT BONNERS FERRY BY REV. J M HAGEY. VIEWED BY VS

MARRIAGE RECORD FROM CALIFORNIA GIVES NAME OF GROOM AS FRANK PEREZ AND BRIDE'S NAME AS KATHERINE MARY SCHERER. MARRIED JUNE 27, 1948. IN SAN FRANSICO, CALIF. VIEWED BY VS

294-128:011-751

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79.

File No. 100975

Hospital .....

Primary Registration District No. 2156

Registered No. .....

FULL NAME OF CHILD William Stanley Simmons.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Apr. (Day) 28 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? 1% Soln. $AgNO_3$

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John A. Simmons	FULL MAIDEN NAME	Mary Gearhard
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Labor-	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7.45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Frey

Physician
(Physician or midwife)

Address Bonners Ferry, Ida-

Filed 4/28/ 1922. E. E. Frey
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-12-011-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79.

File No. 100976

Hospital .....

Primary Registration District No. 216

Registered No. .....

FULL NAME OF CHILD Richard Frank Stevens

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr. 29 1922

What bacterioidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Rod Martin Stevens	FULL MAIDEN NAME	Aurora Brooks
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	California	BIRTHPLACE	Idaho
OCCUPATION	Logger	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Russ Bonnell

Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Filed 4/31/1922 E. E. Frye
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1942

MAY 6 1952

FEB 13 1952

595-224-012-414

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. 59 File No. 100977

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Margaret May Nilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	5 (Month) 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Anthon Nilsen	FULL MAIDEN NAME	Lertha Dannworth
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Denmark	BIRTHPLACE	Arco, Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Filed 5/24 1922 E. W. Fox
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

JUN 1 6 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arco ~~100977~~

Street: .....

County: Butte

File Number: 100977

Registration Dist. No. .....

Date of Birth: May 24th 192~~2~~

Sex of Child: Female

Father: Anthon Nielsen (Full Name)

Mother: Lietha May Samworth (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margaret May Nielsen (Child's Name in Full)

Anthon Nielsen (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

349-212-012318

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Howe

Registration District No. 59 File No. 100978

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Norma Jane Curtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 12 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Erastus Franklin Curtis	FULL MAIDEN NAME Exia Evi Curtis Taylor
RESIDENCE Howe Idaho	RESIDENCE Howe Idaho
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Orangeville Utah	BIRTHPLACE Payette Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:19 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. F. Curtis
Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Howe, Idaho

Filed 5/20 1922 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-101-012-269

REC
JUN
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Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Moore

Registration District No. 59 File No. 100979

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Owen S Weedop

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	5 (Month) 1 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William H. Weedop	FULL MAIDEN NAME	Nellie Borensen
RESIDENCE	Moore, Idaho	RESIDENCE	Moore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	England	BIRTHPLACE	Fago, Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5.15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Filed 5 1 1922 E W Fox
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

E OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 24 1922
BUREAU OF VITAL STATISTICS

JUN 1

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moore

Place of Birth — Street: .....

Place of Birth — County: Butte

File Number: 100979

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: May 1st 192 2

Father: Wm Henry Ikendope (Full Name)

Mother: Nellie Sorensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Owen L Ikendope
Child's Name in Full

Nellie Ikendope
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

253-101-012-212

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 7 19 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. 59 File No. 100980

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Owen Shirley Belnap

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5 (Month) 1 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME David Evan Belnap	FULL MAIDEN NAME Avis Linnie Baker
RESIDENCE Arco, Idaho	RESIDENCE Arco Idaho
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Hooper Utah	BIRTHPLACE Santa Rose Mo
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Arco Idaho

Filed 5/2 1922 E W Fox Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED

STATE OF IDAHO

VITAL STATISTICS DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arco

Street: .....

County: Butte

File Number: 100980

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: May 1 192 2

Father: David Evan Belnap (Full Name)

Mother: Avis Linnie Belnap (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Avon Linley Belnap

Child's Name in Full

Avis Linnie Belnap

Signature of Father or Mother

MAR 2 0 1970

OCT 14 1941

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

952-104-012-366

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

Registration District No. 59 File No. 100981

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Melvin Cook Besiger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5 (Month) 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Leo Besiger	FULL MAIDEN NAME	Anna May Cook
RESIDENCE	Arco Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Ida

Filed 5/4 1922

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

7-19-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS SEP 20 10 31 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 100981

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Zesiger (Name on Original Certificate) who was born (Was Born or Died) on May 4, 1922 (Date of Event)

in Arco (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Omitted	Melvin C. Zesiger (Cook)

Subscribed and sworn to before me this 14th day of September, 1972

Jan Slocourt

Notary Public, residing at Nampa, Idaho

My commission expires June, 1976

(Seal)

Signed Maythel Zesiger

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of September, 1972

Jan Slocourt

Notary Public, residing at Nampa, Idaho

My commission expires June, 1976

(Seal)

Signed Melvin Cook Zesiger

(Signature of Any Credible Person)

320 Central Kenyon Ave

Nampa Idaho

(Street Address, City, State)

FORM DH 60-155

1 cp pd rec'd 4/598 - No Search

OCT 5 1972

Social Security Card issued in 1946 gives name as Melvin Cook Zesiger.
Card # 519 26 0784.
Viewed by V.S.

Marriage license issued March 27, 1959 in Idaho Falls, Idaho gives name of groom as Melvin Cook Zesiger married to Maythel Cheney. Certificate # 59-919.
Viewed by V.S.

963-111-012-389

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ritte

City of Moore

Registration District No. 59 File No. 100982

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD John D. Rothwell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5-11-1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Robt. Wm. Rothwell	FULL MAIDEN NAME: Edith Childs
RESIDENCE: Moore, Idaho	RESIDENCE: Moore, Idaho
COLOR: White AGE AT LAST BIRTHDAY 44 (Years)	COLOR: White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE: Springville, Utah	BIRTHPLACE: Springville, Utah
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 815 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ew Fox

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

Filed 5/11 1922 Ew Fox

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE
BE FILED FOR EACH CHILD [illegible] COM[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moore

Street: .....

County: Butte

File Number: 100982

Registration Dist. No. .....

Date of Birth: May 11 1922

Sex of Child: Male

Father: Robert William Rothwell (Full Name)

Mother: Edith Claire (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John D. Rothwell (Child's Name in Full)

Mrs. Edith Rothwell (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

789-204-013-212

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

REC[redacted]
MAY 23 192
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

Registration District No. 58d

File No. 100983

No. 4 1/2 miles N. St.
1 1/2 " W.

Primary Registration District No. 2138

Registered No.

Hospital

FULL NAME OF CHILD May Elizabeth Phipps

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	April 4th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Booker Harrison Phipps	FULL MAIDEN NAME	Viola Violet Babington
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Fairfield, Idaho.

Filed April 13th 1922.

L Wilencheck
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-107-013-263

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Soldier Registration District No. 58th File No. 100984

No. ____ St.

Primary Registration District No. 2138 Registered No. ____

Hospital ____

FULL NAME OF CHILD Keith O Manwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Yes.	April 7th 1922

FATHER		MOTHER	
FULL NAME	Charles Orval Manwell	FULL MAIDEN NAME	Anna May Kolby
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:00 A. M. on the date above stated.

(Signature) L Wilencheck

Phys.
(Physician or midwife)

Address Fairfield Idaho

Filed April 20th 1922 L Wilencheck
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-126-013-141

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of

City of

No. 100985

No. St.

Primary Registration District No. 2138 Registered No.

Hospital

FULL NAME OF CHILD Laurence H Lee

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	April 26th 1922

FATHER		MOTHER	
FULL NAME	Hyrum D. Lee	FULL MAIDEN NAME	Florence Adams
RESIDENCE	Manard, Idaho	RESIDENCE	Manard, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys (Physician or midwife)

Address Fairfield Idaho

Given names added from a supplemental report.

19

Registrar

Filed 4-28 1922 L Wilencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/9/41. w.h.

555-226 [illegible] 24

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 19[illegible]

CERTIFICATE OF BIRTH

County of Cassia

City of Fairfield — Registration District No. 58d — File No. 100986

No. ____ St. ____

Primary Registration District No. 2138 — Registered No. ____

Hospital ____

FULL NAME OF CHILD MAE ELISE Neeley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	April 26th 1922

FATHER		MOTHER	
FULL NAME	Peter Edgar Neeley	FULL MAIDEN NAME	Elise Lamour
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neeley, Idaho	BIRTHPLACE	Paxton, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:40 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys (Physician or midwife)

Address Fairfield Idaho

Given names added from a supplemental report. ____ 19____

____ Registrar

Filed 4-28 1922 L Wilencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Camas } ss.

Certificate No. 100986

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Anna Mae Neeley (Name on Original Certificate) who was born (Was Born or Died) on April 26th, 1922 (Date of Event)
in Fairfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on October 10th, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Anna Mae	Mae Elise Neeley

Subscribed and sworn to before me this 22nd day of July, 1943

Notary Public, residing at Fairfield, Idaho

My commission expires October 11th, 1944
(Seal)

Signed Elsie L. Neeley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Fairfield, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 27 1943

292-102-013-622

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

Registration District No. 58d

File No. 100967

No. 4½ miles North 2 miles East St.

Primary Registration District No. 2128

Registered No.

Hospital

FULL NAME OF CHILD Alfred Kiser

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male				Yes.	May	2d	1922

FATHER

FULL NAME: George Weston Kiser

RESIDENCE: Fairfield, Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Virginia

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mallie Osborne

RESIDENCE: Fairfield, Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Virginia

OCCUPATION: Housewife

Number of child of this mother, including present birth 4th — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12⁰⁵ a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) L Wilencheck

Phys (Physician or midwife)

Address Fairfield, Idaho.

Filed 5-8 1922 L Wilencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 7

567-207-013-569

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield Registration District No. 58th File No. 100988

No. 3½ miles N. St.

Primary Registration District No. 2138 Registered No.

Hospital

FULL NAME OF CHILD Josephine Ruby Vogner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	May 7th 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joe Vogner	Myrtle Jeanie Ewing
RESIDENCE	Fairfield Idaho	Fairfield, Idaho.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	34
BIRTHPLACE	Bohemia	Idaho
OCCUPATION	Farmer. Miner	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys (Physician or midwife)

Address Fairfield, Idaho

Given names added from a supplemental report.

19

Registrar

Filed 5-10 1922 L Wilencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-112-013-799

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Camas

City of Fairfield Registration District No. 58d File No. 100989

No. 1 mile East St.
1 " South

Primary Registration District No. 2138 Registered No.

Hospital

FULL NAME OF CHILD Douglass Blaine Sheppard

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Yes	May 12d 1922

FATHER		MOTHER	
FULL NAME	James Thomas George Sheppard	FULL MAIDEN NAME	Lorene Tribble
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 800 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) L Wilencheck

Phys.
(Physician or midwife)

Address Fairfield, Idaho

Filed 5-22 1922 L Wilencheck
Registrar

NOV 17 1941

SEP 24 1941

25m-7-21-19

Office of Clerk JUN 7 1922 CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

City of Soldier Registration District No. 58d File No. 100990

No. 1 mile East St.

Primary Registration District No. 2128 Registered No.

Hospital

FULL NAME OF CHILD Elizabeth Jean Abbott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	May 15th 1922

FATHER		MOTHER	
FULL NAME	George Reef abbott	FULL MAIDEN NAME	Nellie Ethel Barkley
RESIDENCE	Fairfield Idaho	RESIDENCE	Fairfield, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Sheepman - Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.05 P.M. on the date above stated.

(Signature) L Wilencheck

Phys. (Physician or midwife)

Address Fairfield, Idaho.

Filed 5-29 1922 L Wilencheck Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

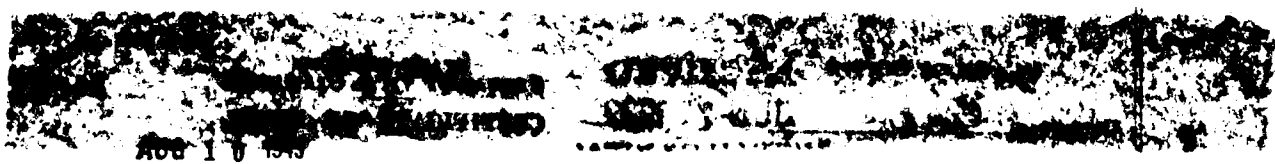
Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DEC 10 1957

Dept of 1922 - 136332

365-119-013-386

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canas

City of Fairfield

Registration District No. 58th

File No. 100991

No. ..... St.

Primary Registration District No. 2138

Registered No. .....

Hospital .....

FULL NAME OF CHILD William Maxwell Coun

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes.	May 19th 1922

FATHER		MOTHER	
FULL NAME	Henry Cleveland Coun	FULL MAIDEN NAME	Lola Pearl Thompson
RESIDENCE	Fairfield Idaho	RESIDENCE	Fairfield Idaho
COLOR	white	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Missouri	COLOR	white
OCCUPATION	Farm Laborer	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	Missouri
		OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheek

Phys.

(Physician or midwife)

Address Fairfield, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 6-2 1922

L Wilencheek

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-219-014-133

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3

File No. 100992

No. ..... St.

Primary Registration District No. 2005

Registered No. 77

Hospital Home

FULL NAME OF CHILD Ada Loraine Dines

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	O. C. Dines	FULL MAIDEN NAME	Lena Allinson
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 40 A.M. on the date above stated.

1% ag no g used.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Brock
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed April 16 1922

John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1944

962-129.014-[redacted]

PLACE OF BIRT[redacted]O
[redacted]IC WELFARE
[redacted]ATISTICS
[redacted]F BIRTH

County of Cany[redacted]

City of Caldw[redacted]

No. [redacted] St. [redacted]

File No. 100993

Hospital [redacted] Primary Registration District No. 1005 Registered No. 72

FULL NAME OF CHILD Ray M. Robbins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Mar 29 1922

What bactericidal solution was used in eyes? yes Argyrol 15%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Chas L Robbins	FULL MAIDEN NAME	Anna Melissa
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	W AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Yarmgton, Oregon
OCCUPATION	gas steam engineer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive **, at** 11 P **M. on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Montgomery M D
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Caldwell, Ida

Filed April 8 1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1969

133-130-01X-258

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 23 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 100994

No. ..... St.

Primary Registration District No. 2005 Registered No. 73

Hospital .....

FULL NAME OF CHILD Bently Junior Altizer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March (Month) 30 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Bently Martin Altizer	FULL MAIDEN NAME	Eva M Snyder
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Copper Valley, Va.	BIRTHPLACE	Stockton, Kansas
OCCUPATION	Farmer & Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R Whittenberger (Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed April 11 1922 John V. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 7 1957

APR 2 1968

271-230-014-351

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECE... MAY 23 1922

PLACE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

Registration District No. 3 File No. 100995

Primary Registration District No. 2005 Registered No. 74

FULL NAME OF CHILD Jessie ~~Jane~~ June Sparks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mar 30 1922

FATHER		MOTHER	
FULL NAME	Washington G. W. G. ~~Bowers~~ Sparks	FULL MAIDEN NAME	Nancy ~~Clearly~~ Cearly
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Georgia	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1% ag NO3 used.

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed April 16 1922 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2[illegible]
BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City .....
- Street .....
- County ....Canyon.....

File Number .....100995.....

Registration Dist. No. ....45.....

Date of Birth ....March 30, 1922.

Sex of Child.....Female.....

Father ....Washington G. Sparks.... Mother ....Nancy J. Cearley....
Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

....Jessie, June, Sparks....
Child's Name in Full

....Washington G. Sparks....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

OCT 22 195

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

792-202-014-795

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Huston — Registration District No. 3 — File No. 100996

No. ____ St. — Primary Registration District No. 2005 — Registered No. 75

Hospital ____

FULL NAME OF CHILD Genevie Alice Gibson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	April 2 1922

FATHER		MOTHER	
FULL NAME	Ray Gibson	FULL MAIDEN NAME	Lola Pieray
RESIDENCE	Huston	RESIDENCE	Huston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Saunders County, Nebraska	BIRTHPLACE	Decatur Co. Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:45A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Whittenberger
(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed April 11 1922 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9
AUG 31 1942

NAME CHANGE

Copy of 1922 - 260638

344-106-014-5-69

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital Caldwell Sanitarium

Registration District No. 3 File No. 100997

Primary Registration District No. 1005 Registered No. 76

FULL NAME OF CHILD Robert Eugene Cummings
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	4/6 2 192

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carrol Robert Cummings	FULL MAIDEN NAME	Leona Isabelle Norris
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Illinois	BIRTHPLACE	Colorado
OCCUPATION	Grocery Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley
M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed April 7 1922 John H. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 copies 5/15/41 L. B.

253-102-014-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3

File No. 100998

Hospital .....

Primary Registration District No. 2005

Registered No. 77

FULL NAME OF CHILD Gerald Ray Bell
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	4/7 192 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: John C. Bell	FULL MAIDEN NAME: Pearl Ballinger
RESIDENCE: Caldwell, Idaho	RESIDENCE: Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Missouri
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley, M. D.
(Physician or midwife)

Address Caldwell Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed April 8 - 1922 John L. Meyers Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 19 1951

367-209-014-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

~~City or~~ Huston

~~Not~~ R. # 1 ~~St.~~

Hospital

Registration District No. 3 File No. 100999

Primary Registration District No. 2005 Registered No. 78

FULL NAME OF CHILD (Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4/9/2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Walter F. Cox	FULL MAIDEN NAME: Ora P. McCormick
RESIDENCE: Huston, Idaho R. # 1	RESIDENCE: Huston, Idaho, R. # 1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Nebraska
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley, M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed April 11th 1922 John K. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

954-210-014-743

County of Canyon

City of Caldwell

No. ..... St. 3 Registration District No. 3

Hospital ..... Primary Registration District No. 1005

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 28 1922
BUREAU OF VITAL

File No. 101000

Registered No. 79

FULL NAME OF CHILD Virginia Lee Redmon
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	4/10 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Roy S. Redmond	Vera Elizabeth Pullian
RESIDENCE	Caldwell, Idaho, 11" & Albany	Caldwell, Idaho, 11" & Albany
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Texas	Idaho
OCCUPATION	Operator	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed April 11th 192.. John L. Meyer Registrar.

RECEIVED
JUN 27 1922
BUREAU OF VITAL
STATISTICS 3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: 10 1/2 S. Albany

County: Canyon

File Number: 101000

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: April 10 192 2

Father: Ray Samuels Anderson
Full Name

Mother: Vera Elizabeth Pullman
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Virginia Lee Anderson
Child's Name in Full

Vera E. Anderson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

[redacted] IDAHO
[redacted] BLIC WELFARE
[redacted] STATISTICS
[redacted] OF BIRTH

City of Caldwell [redacted]

No. 1321 Albany St.
281-213-014-695
Hospital

Registration District No. 9
Primary Registration District No. 2005

File No. 101001
Registered No. 80

FULL NAME OF CHILD PAULINE MARIE SHAFER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			1st	Yes	4/13 192 2

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth ~~5~~ 4

FATHER		MOTHER	
FULL NAME	John A. Shafer	FULL MAIDEN NAME	Eleanor Margurite Fredrick
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	S. Dakota	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Filed April 14 192 John S. Meyer
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECOR[illegible]
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made [illegible] and the number of each, in order of birth stated.

Amended 10-19-70

PLACE OF BIRTH

281-113-014-699

County of Canyon

City of Caldwell

No. 1321 Albany St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 23 192 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9

Primary Registration District No. 2005

File No. 101002

Registered No. 81

FULL NAME OF CHILD Bill R. Shafer

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2nd	Yes	4/13 192

What bactericidal solution was used in eyes? 1 % Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John A. Shafer	FULL MAIDEN NAME	Eleanor Friedrich
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	S. Dakota	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M. D. (Physician or midwife)

Address Caldwell, Idaho

Filed April 14-1922 John V. Mayes. Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

7-24-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

OCT 20 1970

Certificate No. 101002

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Shaffer (Name on Original Certificate) who was born (Was Born or Died) on April 13, 1922 (Date of Event)
in Caldwell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	omitted	Bill Roy Shafer
name of father	Shaffer	Shafer

Subscribed and sworn to before me this 29th day of August, 1970

Notary Public, residing at Nampa
My commission expires Aug 17, 1974
(Seal)

Signed John Andrew Shafer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
579 Canyon Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of August, 1970

Notary Public, residing at Nampa
My commission expires Aug 17-1974
(Seal)

Signed ~~John Andrew Shafer~~
(Signature of Any Credible Person)
Claudia B. Crowther
(Street Address, City, State)
P.O. Box 1845 Nampa Ida

K FORM DH 60-155 no Corresp

Ellis

Enlisted Record of Honorabel Dishcarge gives name as Bill R. Shafer born April 13, 1922 in Idaho. Date of Separation January 3, 1946.
Viewed by V. S.

Attendance and Scholarship Record gives name as Bill R. Shafer Born April 13, 1922 in Idaho. Record issued by Caldwell HighSchool in 1940-41.
Viewed by V.S.

The Equitable Life Assurance Society of the U.S. gives name of father as John A. Shafe
Policy # 104 issued Jan 1, 1940
Viewed by V.S.

Marriage license of father gives name as John A. Shafer of Meridian married Eleanor Friedrich on Aug 9, 1916, in Boise, Idaho.
Viewed by V.S.

OCT 20 1970

213-223-084-319

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell St.

Registration District No. 3 File No. 101003

No. ____ St.

Primary Registration District No. 1005 Registered No. 82

Hospital Frances

FULL NAME OF CHILD Lorene Bales

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	April 23 1922

FATHER		MOTHER	
FULL NAME	John Franklin Bales	FULL MAIDEN NAME	Lorene Bartee
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Helena, Montana
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) B. R. Whittenberger M.D.
(Physician or midwife)

Address Caldwell, Idaho.

Filed April 29 1922 John S. Meyer
Registrar

2% silver nitrate.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-225-014-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Huston

Registration District No. 3 File No. 101004

No. ..... St.

Primary Registration District No. 2005 Registered No. 83

Hospital .....

FULL NAME OF CHILD Florence Ruth Merchant

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			6	yes	April 25 1922

FATHER		MOTHER	
FULL NAME	Hal Alfonso Merchant	FULL MAIDEN NAME	Ruth Burns
RESIDENCE	Huston	RESIDENCE	~~Omaha~~, Huston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Nebraska	BIRTHPLACE	Omaha, Nebraska
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Whittenberger D.O.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Caldwell, Idaho.

Filed April 29th 1922 John L. Meyer
Registrar

2% silver nitrate used for eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

485-230-01A239

PLACE OF BIRTH

RECEIVED MAY 23 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101005

County of Canyon

City of Caldwell

No. R. # 1 St.

Registration District No. 3 File No.

Hospital

Primary Registration District No. 2005 Registered No. 84

FULL NAME OF CHILD Margaret Emma Ruth Myers
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	4/30 2 192

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Fred W. Myers	FULL MAIDEN NAME: Carolina Stitzel
RESIDENCE: Caldwell, Idaho R. # 1	RESIDENCE: Caldwell, Idaho R. # 1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Kansas
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) S. B. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Filed May 3 1922 John V. Imeyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1944

66R.103.01K-555

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City or Caldwell

No. R. # 2 St.

Registration District No. 3

File No. 101006

Hospital

Primary Registration District No. 2005

Registered No. 83

FULL NAME OF CHILD Leo Wesley Womer

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	5/3 2 192

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: John W. Womer	FULL MAIDEN NAME: Ella M. Neeley
RESIDENCE: Caldwell, Idaho R. # 2	RESIDENCE: Caldwell, Idaho R. # 2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Washington
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M. D.
(Physician or midwife)

Address Caldwell Idaho

Give names added from a supplemental report.

....., 19...

Registrar.

Filed May 5 1922 John L. Meyer

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED APR 7 1966 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 101006

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Womer (male child) (Name on Original Certificate) who was born (Was Born or Died) on May 3, 1922 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Leo Wesley Womer

Subscribed and sworn to before me this 2 day of April, 1966

Notary Public, residing at Aberdeen Wash.

My commission expires Apr. 23, 1967

(Seal)

Signed x Mrs. Ella Womer Towns

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of Grays Harbor }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of April, 1966

Notary Public, residing at Aberdeen, Wash.

My commission expires Apr. 23, 1967

(Seal)

Signed x Phyllis Womer Bold

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 3-28-66. one copy pd. rec. #9067.

Photo copy of Page from Family Bible, page titled Children's Names - gives one child's full name as Leo Wesley Womer, born May 3, 1922 - writing appears old and unaltered - viewed by V.S.

MAY 17 1966

Social Security Card, #544-16-4686 gives full name as Leo Wesley Womer - viewed by V.S.

666-203-61K-346

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ____ St.

Hospital ____

Registration District No. 3 File No. 101007

Primary Registration District No. 2005 Registered No. 86

FULL NAME OF CHILD EUNICE BETHANY FOWLER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	5/3 192 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Edwin W. Fowler	FULL MAIDEN NAME: Eunice E. Trotter
RESIDENCE: Wilder, Idaho	RESIDENCE: Wilder, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Tennessee	BIRTHPLACE: Nebraska
OCCUPATION:	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:55 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F.M.Cole M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed May 5 1922 John H. Mayes
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 101007
County of Canyon } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Eunice Bethany Fowler (Name on Original Certificate) who was born (Was Born or Died) on May 3 1922 (Date of Event) in Caldwell Idaho (Place of Event) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Eunice Bethany Fowler

Subscribed and sworn to before me this 14 day of July 1943

Signed X Eunice E. Fowler (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

B M McKenzie
Notary Public, residing at Livermore Calif

My commission expires Mar 29 1947 Livermore, Calif.
(Seal) (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed X
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

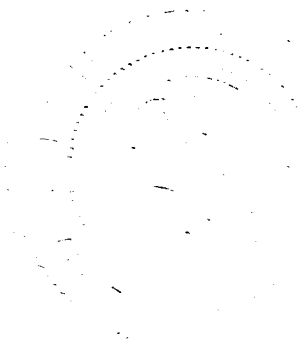
(Street Address, City, State)

My commission expires
(Seal)

K

APR 7 1965

JUL 2 1 1943



143:204:014-169

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Huston # 1

No. ..... St.

Registration District No. 9 File No. 101008

Hospital ..... Primary Registration District No. 2009 Registered No. 87

FULL NAME OF CHILD Kathryn Janice Mutch
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	5/4 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Ernest Alva Mutch	FULL MAIDEN NAME: Lucile Belle Jordy
RESIDENCE: Huston R. # 1	RESIDENCE: Huston R. # 1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Colorado
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

M. D. (Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed May 5 1922 John L. Meyer

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 4 1952

JUL 31 1952

JUL 18 1962

132-106-04-212

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1922

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 18" & Arthur St.

Hospital

Registration District No. 3 File No. 101009

Primary Registration District No. 1005 Registered No. 88

FULL NAME OF CHILD Luther Melvin Atkinson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5/6 2 192

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Carroll H. Atkinson	FULL MAIDEN NAME: Ruby Baker
RESIDENCE: Caldwell, Idaho, 18" & Arthur	RESIDENCE: Caldwell, Idaho 18" & Arthur
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Wisconsin
OCCUPATION: Athletic Coach	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:35 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F.M. Cole

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed May 7 192 2 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 10 1922 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: 222 So. 18th Ave

County: Canyon

File Number: 101009

Registration Dist. No.:

Sex of Child: Male

Date of Birth: May 6 192.2

Father: Carroll H. Atkinson (Full Name)

Mother: Ruby Helen Baker (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Luther Melvin Atkinson

Child's Name in Full

Carroll Atkinson

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. ____ St. Registration District No. 3 File No. 101010
Hospital ____ Primary Registration District No. 1005 Registered No. 87

FULL NAME OF CHILD — Flourence Lena James
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2nd	yes	May 6 1922

What bactericidal solution was used in eyes? 1% Sol. Silver Nitrate.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Henry James	Neva Stamper
RESIDENCE	Caldwell Ida.	Caldwell Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	23
BIRTHPLACE	Alabama	Athena Oregon.
OCCUPATION	Painter & Laborer	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry
(Physician or midwife)
Address Caldwell Ida.

Give names added from a supplemental report.

....., 19.....

Filed May 11th 1922 John S. Meyer
Registrar.

..... Registrar.

STATISTICS

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Place of Birth — Street: 5th & Grant

Place of Birth — County: Canyon

File Number: 101010

Registration Dist. No.:

Date of Birth: May 6th. 1:30 P.M. 192 2.

Sex of Child: Female

Father: Henry Augustus James (Full Name)

Mother: Neva Mable Stamper (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Florence Leona James
Child's Name in Full

Mrs. H. A. James
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

MAY 3 1954

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

165-208104-666

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Registration District No. 9 File No. 101011

Hospital ____ Primary Registration District No. 1005 Registered No. 98

FULL NAME OF CHILD Doris Lorene Jones

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		yes	May 8 1922

What bacteriolidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Nathanial Eugene Jones	FULL MAIDEN NAME Nona Woolf
RESIDENCE Caldwell Ida	RESIDENCE Caldwell Ida
COLOR W. AGE AT LAST BIRTHDAY 47 (Years)	COLOR W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Arkansas	BIRTHPLACE La Grande Ore.
OCCUPATION gen. laborer	OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 11:30 A. M. on the date above stated.

(Signature) G. D. Montgomery M.D.

(Physician or ~~midwife~~)

Address Caldwell Idaho

Filed May 11 1922 John L. Meyer Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-209-014-959

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3 File No. 101012

Hospital ..... Primary Registration District No. 1005 Registered No. 91

FULL NAME OF CHILD Evelyn Yost

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	May 9 1922

What bactericidal solution was used in eyes? Silver Nitrate Sol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Carl A. Yost	FULL MAIDEN NAME	Mabel Reisemer
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) E. B. Dudley M.D.

(Physician or midwife)

Address Caldwell Ida.

Filed May 9 1922 John S. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 12 1967

695-210-014-485

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101013

County of Canyon

City of Caldwell

Registration District No. 3 File No.

No. Rus. 3 St.

Primary Registration District No. 2005 Registered No. 72

Hospital

FULL NAME OF CHILD Wanda June Finley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.				Yes.	May 10 1922

FATHER		MOTHER	
FULL NAME	Olen C. Finley	FULL MAIDEN NAME	Lola May Myers
RESIDENCE	Caldwell Idaho.	RESIDENCE	Caldwell Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Oklahoma	COLOR	White
OCCUPATION	Farming	AGE AT LAST BIRTHDAY (Years)	18
		BIRTHPLACE	Washington
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4.40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Meyers, M.D.
(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

19

Registrar

Filed May 10 1922 John L. Meyers
Registrar

NOV 28 1942

255-211-014-666

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Huston

No. Rural #1 St.

Registration District No. 3

File No. 101014

Hospital

Primary Registration District No. 2005 Registered No. 93

FULL NAME OF CHILD Eleanor Mae Benton

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Asa D. Benton	FULL MAIDEN NAME	Rose Ina Wood
RESIDENCE	Huston Idaho	RESIDENCE	Huston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	New York	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer, M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Idaho

19

Registrar

Filed May 11 1922 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 23 1962

295-221-014-133

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 101015

No. ..... St.

Primary Registration District No. 2007 Registered No. 30

Hospital Home

FULL NAME OF CHILD Virgie Modena Binkley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 21 19.. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. F. Binkley	FULL MAIDEN NAME	Edna Lee Allen
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Boon Co. Ark	BIRTHPLACE	Boon Co Ark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

1% Ag Nos Used

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

M W
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed 5-16 1922 Lulu Waldrop
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 3 1975

AUG 2 8 1975

212-224-014-4/6.6

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder Registration District No. 3 File No. 101016

No. ..... St.

Hospital Home Primary Registration District No. 2007 Registered No. 29

FULL NAME OF CHILD Helen Marie Bassett

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth April 24 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME H. W. Bassett	FULL MAIDEN NAME Clova Moore
RESIDENCE Wilder Ida	RESIDENCE Wilder Ida
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE LeBlanch Kansas	BIRTHPLACE Marsh Valley Ida
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

1/2 Cg Wz and

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Bosch M. D.
(Physician or midwife)

Address Wilder Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 5-16 1922 Lula Waldorf
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 9 1962

SEP 13 1943

713-112-014-265

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 9 File No. 101017

No. ..... St.

Primary Registration District No. 2007 Registered No. 28

Hospital .....

FULL NAME OF CHILD Wilber Leroy Patterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
male			yes	April 12th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Burt Patterson	FULL MAIDEN NAME	Emma Sweet
RESIDENCE	Wilder	RESIDENCE	Wilder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Newell

Physician
(Physician or midwife)

Address Wilder, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-P6 1922 Lulu Waldrop
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-20-7.014-42

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Canyon

City of Nampa

No 1415-4th St So St.

Registration District No. ..... File No. 101018

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Gertrude Elizabeth Maddieg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	May 6 1922

FATHER	MOTHER
FULL NAME: J. E. Maddieg	FULL MAIDEN NAME: Elma E. Rasmussen
RESIDENCE: 1415-4th St So Nampa	RESIDENCE: 1415-4th St. So. Nampa
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Sweden
OCCUPATION: Cashier Stockmans Bank	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:10 a. M. on the date above stated.

(Signature) Leo W Chilton, M.D.

(Physician or midwife)

Address Nampa Idaho

Filed ..... 19 22 Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1941

432-202-014-433

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. ..... File No. 101019

No. 724-13th Av. So. St.

Primary Registration District No. 111 Registered No. .....

Hospital —

FULL NAME OF CHILD Carmen McKee.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	5 (Month) 2 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Robert Donald McKee	FULL MAIDEN NAME Jessie Alene McClure
RESIDENCE 724-13th Av. So. Nampa	RESIDENCE 724-13th Av So Nampa
COLOR White AGE AT LAST BIRTHDAY 22 (Years)	COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Bookkeeper	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 5 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chelton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Nampa Idaho

Filed 4 24 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8 1949

595-102-01X-137

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Canyon

City of Nampa

No. 126-13th Av no St.

Registration District No. ..... File No. 101020

Primary Registration District No. 1002 Registered No. .....

Hospital .....

FULL NAME OF CHILD Carlos Charley Ereno

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	5 (Month) 2 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Ereno	FULL MAIDEN NAME	Agueda Acghobal
RESIDENCE	126-13th Av No	RESIDENCE	126-13th Av No
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Nampa Ida

Filed May 10 22 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1962

SEP 14 1942

493-128-014-244

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. ____ File No. 101021

No. 919-2nd Av So St.

Primary Registration District No. 11 Registered No. ____

Hospital ____

FULL NAME OF CHILD James Edward Miller

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	4-28-1922

	FATHER	MOTHER
FULL NAME	Christian C Miller	FULL MAIDEN NAME Ella May Baumgarner
RESIDENCE	919-12th Av So Nampa	919-12th Av So Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Nebraska	Idaho
OCCUPATION	Stockman	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 2:40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton M.D.
(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report. ____ 19____

Filed May 10 1922

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1 1942

SEP 2 2 1942

NOV 23 1942

MAY 1 7 1945

363-225-014-799

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Canyon

City of Nampa

No. 92 St.

Registration District No. ____ File No. 101022

Primary Registration District No. 14 Registered No. ____

Hospital Mercy

FULL NAME OF CHILD Mary-Ann Colton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
female				yes	4-25-22 (Month) (Day) 19 (Year)

	FATHER	MOTHER
FULL NAME	C A Colton	FULL MAIDEN NAME Rachel Griffiths
RESIDENCE	924-11th Ave So	RESIDENCE 924-11th Ave So
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Ottumwa	BIRTHPLACE Illinois
OCCUPATION	Veterinarian Surgeon	OCCUPATION house wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton, M D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

19____

Registrar

Filed ____ 19____

Registrar

Dup of 1922-187675

251-215-214-396

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 101023

No. ..... St.

Primary Registration District No. 1556 Registered No. .....

Hospital .....

FULL NAME OF CHILD Audrey Maxine Beard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	March 15th 1922

FATHER		MOTHER	
FULL NAME	E. S. Beard	FULL MAIDEN NAME	Maud E. Crone
RESIDENCE	Nampa.	RESIDENCE	Nampa.
COLOR	White. AGE AT LAST BIRTHDAY 40 yrs. (Years)	COLOR	White AGE AT LAST BIRTHDAY 26 yrs. (Years)
BIRTHPLACE	Albin, Indiana.	BIRTHPLACE	Tutherie Oklahoma.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E Mangum MD

Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa - Idaho.

Filed 7 of 10 1922 Pearle Dodds
Registrar.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT ~~OR AMEND~~ AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Columbia } ss.

Certificate No. 101023
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for ~~no~~ first name "Beard" (Name on original certificate) who (Was born ~~enrolled~~) on March 15, 1922 (Date of event)
in Nampa, Idaho (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts as shown by school census (Bible record, insurance policy, etc.) prepared on Oct 25 - 1935 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date of birth	3/14/22	March 15, 1922
"Name"	not given	to "Audrey" Maxine Beard

Subscribed and sworn to before me this 3rd day of December, 1941
Marie Walker Poff
Notary Public, residing at St. Helens
My commission expires Nov. 17, 1944
[SEAL]

Signed Maude Ethel Beard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
St. Helens, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of December, 1941
J. Amartin
Notary Public, residing at Kuna Idaho
My commission expires Mar 5-1942
[SEAL]

Signed Mrs E Wood
(Signature of any credible person other than the previous affiant.)
RT 1 Kuna Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

2 copies

349-225
PLACE OF BIRTH
014-944

Form V. S. No. 11—20m-7-26-19

RECEIVED
23 1922
OF VITAL
STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Nampa~~ Ca

City of Nampa

Registration District No. 7 File No. 101024

No. ..... St.

Primary Registration District No. 1056 Registered No. .....

Hospital .....

FULL NAME OF CHILD Doris Leanor Turner.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes.	Date of Birth Feb 25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. Willis Turner	FULL MAIDEN NAME	Martha Zumbrunnee
RESIDENCE	Nampa.	RESIDENCE	Nampa.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33. (Years)
BIRTHPLACE	Sedalia, Mo.	BIRTHPLACE	Montpelier - Ida.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E Mangum MD
Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nampa - Idaho.

Filed May 8 1922 Pearle Dodds
Registrar.

..... Registrar.

258-228-014-433

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. [illegible] File No. 101025

No. ..... St.

Primary Registration District No. 1551 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lois Marie Snyder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	Apr	28	1922

FATHER		MOTHER	
FULL NAME	Ross E. Snyder	FULL MAIDEN NAME	Margaret May McConnell
RESIDENCE	Nampa	RESIDENCE	Nampa.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Windom Kansas.
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Theo E. Morgan MD

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed May 1 1922 Pearle Geddes

Registrar.

JUL 2 9 1957

691-228.014-165

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 25 1922

CERTIFICATE OF BIRTH

101026

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. St.

Primary Registration District No. 1336 Registered No.

Hospital

FULL NAME OF CHILD Hester Lewella Frasier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	4	29	1922

FATHER		MOTHER	
FULL NAME	Harvey J. Frasier	FULL MAIDEN NAME	Margaret Jones.
RESIDENCE	Nampa —	RESIDENCE	Nampa —
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Cordell Kan.	BIRTHPLACE	Lakesbury, Iowa
OCCUPATION	Student	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) Thos. E. Mangum

Physician

(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

Address

Filed May 10 1922 Pearle Dodds

Registrar.

219-227.014-296

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU
STA

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. ..... File No. 101027

No. ..... St.

Primary Registration District No. 1304 Registered No. .....

Hospital .....

FULL NAME OF CHILD Margaret Elaine Bailey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mar 27 1922

FATHER		MOTHER	
FULL NAME	W. G. Bailey	FULL MAIDEN NAME	Mary E. Brower
RESIDENCE	Nampa.	RESIDENCE	Nampa.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30.	AGE AT LAST BIRTHDAY (Years)	26.
BIRTHPLACE	McCook - Neb.	BIRTHPLACE	Lewiston Ida.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E Marguerite M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa. Ida.

Registrar.

Filed May 3 1922 Pearle Dodds
Registrar.

DEC 9 1975

369-21-614-212

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

File No. 101028

County of Canyon
City of Nampa
No. 203-12th ave. N. Registration District No. 7
Hospital Primary Registration District No. 155 Registered No.

FULL NAME OF CHILD Sylva Fern Corron
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr 15th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Solution

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Chester Corron	FULL MAIDEN NAME	Mary Ellen Bass
RESIDENCE	Nampa, Ida.	RESIDENCE	Nampa Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	R.R. Coach Cleaner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 12 1922 Pearle Brooks
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-224-01K-893

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No. 308 20th ave S. St.
Registration District No. 7
File No. 101029
Primary Registration District No. 1116
Registered No.
Hospital
FULL NAME OF CHILD Grace Farris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		4	yes	4 — 24 — 1922

FATHER		MOTHER	
FULL NAME	Walter L. Farris	FULL MAIDEN NAME	Flora Hill
RESIDENCE	308 20th ave S. Nampa	RESIDENCE	308 20th ave S. Nampa
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo.	BIRTHPLACE	Mich.
OCCUPATION	R.R. Engineer	OCCUPATION	House-wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was born alive, at 1.05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr H C Robinson
Physician
(Physician or midwife)

Address 1317 4th St. S. Nampa

Filed May 15 1922 Hettie Crouch
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

818-206-014-367

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 2506

File No. 101030

Registered No. .....

FULL NAME OF CHILD Alice Maxine Hays.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 6 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Loyal D. Hays	FULL MAIDEN NAME	Fonda N. Cox.
RESIDENCE	Nampa.	RESIDENCE	Nampa.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Nebraska.	BIRTHPLACE	Iowa
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 1:15 P. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed May 5 1922 Pearse Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 1942

533-10-014259

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Melba

No. ..... St.

Registration District No. 7 File No. 101031

Hospital ..... Primary Registration District No. 2102 Registered No. .....

FULL NAME OF CHILD Artlur Raymond Elliott

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 1, 1922

What bacteriocidal solution was used in eyes? 1% Argyrol

Number of births of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Arthur Raymond Elliott	FULL MAIDEN NAME Ethel Pearl Beresford
RESIDENCE	Melba, Ida	Melba, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Iowa	Nebraska.
OCCUPATION	Farmer	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayze

(Physician or midwife) Melba, Ida

Address .....

Give names added from a supplemental report.

....., 19.....

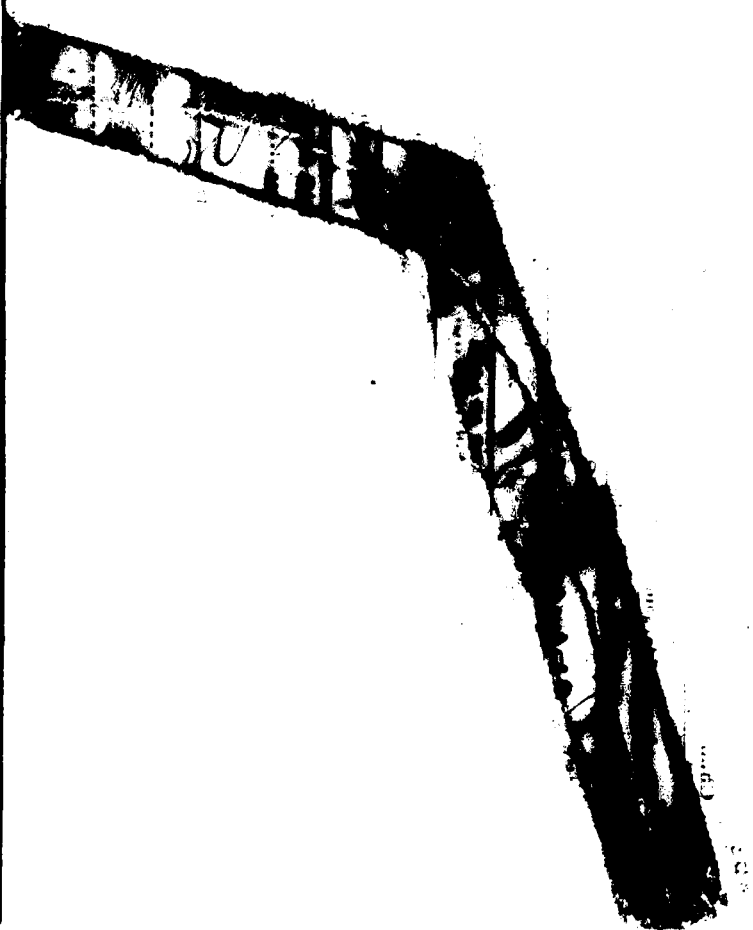
Registrar.

Filed May 5 1922 Pearle Dodds

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS RECORD BECOMES A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, must be stated.

CC issued Jan. 29, 1941 Z. .



FEB 10 1964

315-227-014-859

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Melba

No.

Hospital

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Registration District No. 7 File No. 101032

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Maudie Ethel Laning
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Ap. 27 1922

What bactericidal solution was used in eyes? Argyrole

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles Sylvester Laning	FULL MAIDEN NAME	Belinda Clara Herth
RESIDENCE	Melba, Id	RESIDENCE	Melba, Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne
(Physician or midwife) Melba, Id

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed May 8 1922 Pearl Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-227.001-719

[redacted] CE OF BIRTH

Amended 11/21/73

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 25 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Nampa

No. [redacted] St. Registration District No. 7 File No. 101033

Hospital Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Kathlyn Jean Stumm
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	Feb 27, 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Thomas Stumm	FULL MAIDEN NAME	Eva Grace Gardner
RESIDENCE	Melba, Ida	RESIDENCE	Melba, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel M Swaney

(Physician or midwife) Melba, Ida

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 6 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 29 1960

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.

County of Nov 6 12 34 PM '73

Certificate No. 101033

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Kathelyn Jean Sturm (Name on Original Certificate) who was born (Was Born or Died) on Feb. 27, 1922 (Date of Event)

in Melba, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's first name	Kathelyn Jean Sturm	Kathlyn Jean Sturm

Subscribed and sworn to before me this 30th day of October, 1973

Delpha L. Parr
Notary Public, residing at St. of Calif Orange County

My commission expires .....
(Seal)

OFFICIAL SEAL
DELPHA L. PARR
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
My Commission Expires May 31, 1977

Signed Kathlyn J. Sturm
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 3 Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of .....

County of ..... ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of October, 1973

Signed Darrel K Gross
(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires .....
(Seal)

Route 3 Nampa Idaho
(Street Address, City, State)

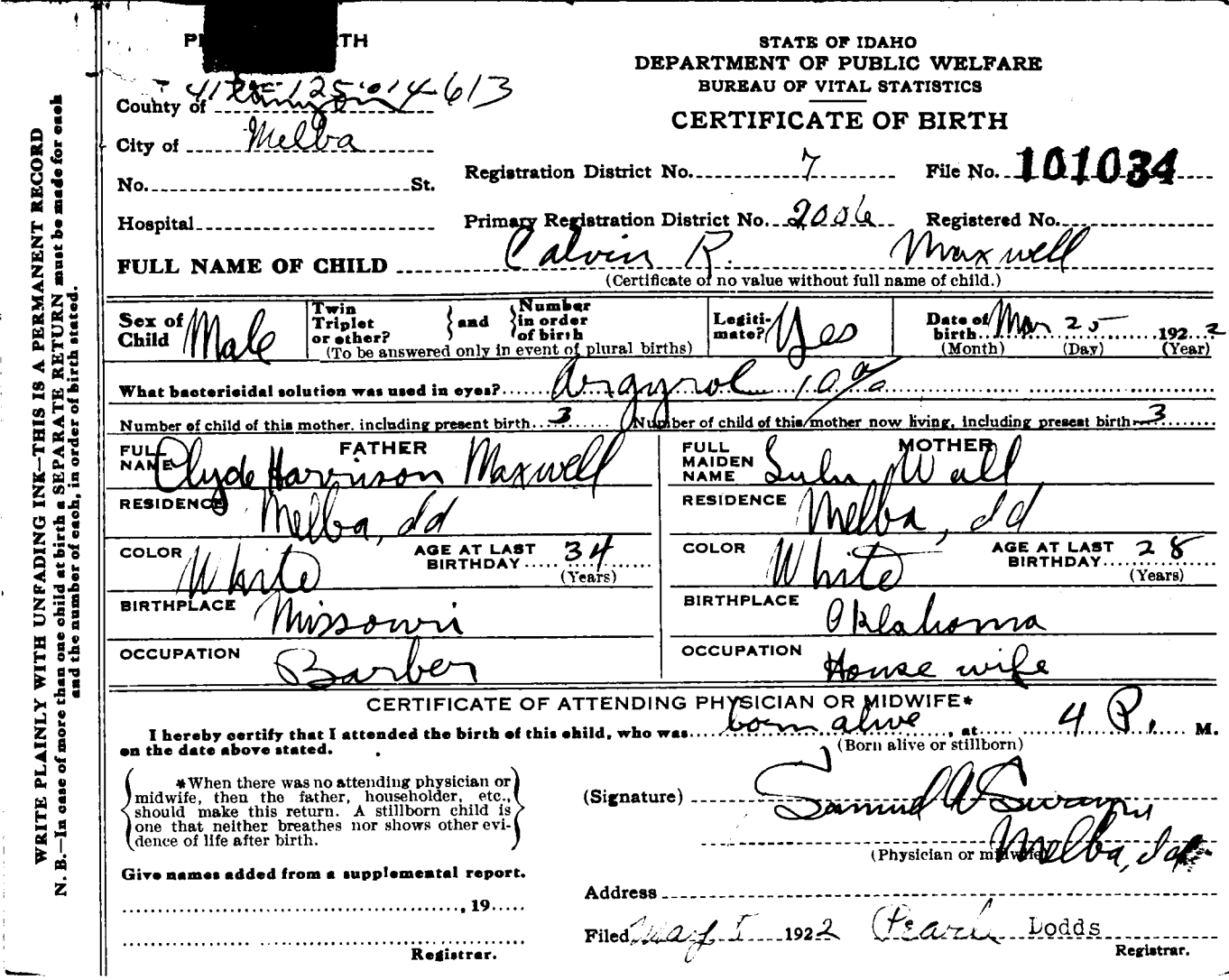
FORM DH 60-155 CL 9/27/71 nm (In office)

(OVER)

Own child's birth certif. on file in Idaho File No. 398430. Child's name given as Thomas Lee Tino. Born Nov. 17, 1944. Gives Father's name as Reno E. Tino and mothers name as Kathlyn Sturm. Viewed by V. S.

NOV 21 1973

High School Transcript from Kuna, Idaho gives name as Kathlyn Sturm. born Oct. 27, 1932. date of entance Sept. 1938. age at entrance 16 years. Viewed by V. S.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P[redacted]TH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kanyon 41-125-014-613

City of Melba

No. ..... St.

Hospital .....

Registration District No. 7 File No. 101034

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Calvin R. Maxwell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mar 25 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Clyde Harrison Maxwell	FULL MAIDEN NAME	Lulu Wall
RESIDENCE	Melba, Id	RESIDENCE	Melba, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Missouri	BIRTHPLACE	Oklahoma
OCCUPATION	Barber	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swanson
(Physician or midwife) Melba, Id

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed May 5 1922 Pearl Dodds
Registrar.

6-18-41 G. J.

386 131.01 K 394

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Melba

No. ..... St.

Hospital .....

Registration District No. 7 File No. 101035

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Homer Harrison Lyon
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mar 31 1922

What bactericidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John Henry Lyon	FULL MAIDEN NAME	Anna E. Liden
RESIDENCE	Melba, Id	RESIDENCE	Melba, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A. Swayne
Melba, Id.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed May 8 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 30 1967

753-109-01X-466

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Melba

No. ..... St.

Hospital .....

Registration District No. 7 File No. 101036

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Dyer Wythel Pettijohn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Ap. (Day) 9 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ross Jacob Pettijohn	FULL MAIDEN NAME	Hilda Elenor Moore
RESIDENCE	Melba, Id	RESIDENCE	Melba, Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Washington	BIRTHPLACE	Utah
OCCUPATION	Post Master	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A. Swayne
(Physician or midwife) Melba, Id

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Address .....

Filed May 8 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH Amended Sept. 19, 1951

619-207-01K-291

County of Canyon

City of Melba

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 101037

Primary Registration District No. 2006 Registered No. ____

FULL NAME OF CHILD ADRIENNE LARAYE WARREN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Mar. 7 1922

What bactericidal solution was used in eyes? Argyrole

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Hill Henry Warren	FULL MAIDEN NAME	Charlcy May Bradshaw
RESIDENCE	Melba, Idaho	RESIDENCE	Melba, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A. Swayne

Melba, Idaho
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed May 8 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
SEP 14 1951
DIVISION OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of North Carolina } ss.
County of Caldwell }

Certificate No. 101037

Date Filed Aug. 23, 1951

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Adron Rae Warren (Name on Original Certificate) who Born (Was Born or Died) on March 7, 1922 (Date of Event)
in Melba, Idaho (Canyon County) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on Aug. 23, 1951 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's 1st name	Adron Rae Warren	~~Adrienne Laraye Warren~~
		Adrienne Laraye Warren

Subscribed and sworn to before me this 23rd day of August, 1951

Notary Public, residing at Lenoir, N.C.
My commission expires Aug. 21, 1953
(Seal)

Signed Mrs. H. H. Warren (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

108 Conley Street, Lenoir, N.C.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

962-267-014-319

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101038

County of Canyon

City of Melba

No. ..... St.

Hospital .....

Registration District No. 7

File No. .....

Primary Registration District No. 2006

Registered No. .....

FULL NAME OF CHILD Hilda Roberts
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 17 1922

What bactericidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Esther Roberts	FULL MAIDEN NAME	Ellen Cecilia Larsen
RESIDENCE	Melba, Id	RESIDENCE	Melba, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mexico	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne
(Physician or midwife) Melba, Id

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed May 5 1922 Cecile Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 17 1942

34K127.014.753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Canyon

City of Melba

No. ..... St. Registration District No. 7 File No. 101039

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Harry Keith Cummins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 27 1922

What bactericidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Herschel Matthew Cummins	FULL MAIDEN NAME	Ruth Rettigrew
RESIDENCE	Melba, Id	RESIDENCE	Melba, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Wyoming
OCCUPATION	Druggist	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne
Melba, Id
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed May 8 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1948

OCT 12 195

65-1-027-
001-847

PLACE OF BIRTH [redacted]

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Melba

No. _____ St.

Registration District No. 7 File No. 101040

Hospital _____ Primary Registration District No. 2006 Registered No. _____

FULL NAME OF CHILD Martha Belle Fease
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	12-27-1921

What bacteriolidal solution was used in eyes? Argyrole

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Irwin William Fease	FULL MAIDEN NAME	Nancy Sophia Hughes
RESIDENCE	Melba, Ida	RESIDENCE	Melba, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne

(Physician or midwife) Melba, Ida

Address _____

Give names added from a supplemental report.

....., 19.....

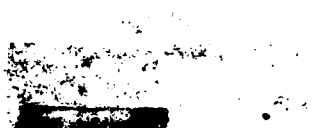
.....
Registrar.

Filed May 5 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1944



253-204-037-437

PLACE OF BIRTH

amend middle name 7-29-[illegible]

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Owyhee

City of Nilson

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7

Primary Registration District No. 2506

File No. 101041

Registered No. .....

FULL NAME OF CHILD ~~Anna Nathel Kelly~~ Nathelle Kelly

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 4 1922

What bacteriecidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Charles Fredrick Kelly	FULL MAIDEN NAME Anna Drilla McPheeters
RESIDENCE Wilson, Ida	RESIDENCE Wilson, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne

(Physician or midwife) Nilson, Ida

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 8 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 17 1959

7-19-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 101041
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Anna Nathel Kelly (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 4, 1922 (Date of Event)

in Wilson (Owyhee) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs middle name	Nathel	Nathelle

Subscribed and sworn to before me this 29 day of July 1983

Notary Public, Gayla A. Brekk
Residing at Boise, Idaho
My commission expires 8-18-85
(Seal)

x Anna Nathelle Simmons
Signature of Applicant

1 Rt 1 - Box OC Horseshoe Bend, Id.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Ada

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of July 1983

Notary Public, Gayla A. Brekk
Residing at Boise, Id.
My commission expires 8-18-85
(Seal)

+ Shyla Smith
Supporting Signature

+ 8106 Bobcar Boise ID 83709
Street Address, City, State

State of Idaho Practical Nurse Certificate lists Anna Nathelle Kelly Thompson as receiving license. License issued Dec 10, 1971. Viewed by V.S. JUL 29 1983

Home Owners Ins. Policy lists Insured as William E Simmons and Nathelle Simmons. Policy with Farm Bureau Mutual Ins Co. Policy date 1-12-78. Viewed by V.S.

553-201-01K-847

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECE[redacted]
MAY 2[redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of ~~Caldwell~~ Melba, Ida.

No. ..... St.

Registration District No. 7 File No. 101042

Hospital ..... Primary Registration District No. 2226 Registered No. .....

FULL NAME OF CHILD Bangta May Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 1 192[illegible]

What bacteriocidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ed Nelson	FULL MAIDEN NAME	Lorena May Hughes
RESIDENCE	Emmett, Ida.	RESIDENCE	Emmett, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10. A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A. Swayne

(Physician or midwife) Melba, Ida

Address .....

Give names added from a supplemental report.

....., 19.....

Filed May 5 1922 Pearle Drake
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 26 1985

993-217-01X-255

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Melba

No. ..... St.

Registration District No. 7 File No. 101043

Hospital ..... Primary Registration District No. 2 Registered No. .....

FULL NAME OF CHILD Helen Patricia Ritchey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Mar. 17 1922

What bactericidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Manly Ritchey	FULL MAIDEN NAME	Myrna Olive Kenward
RESIDENCE	Melba, Id	RESIDENCE	Melba, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Washington	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne
Melba, Id
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed May 5 1922 Hearl Dodd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-128·01X-439

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Melba

Registration District No. 7 File No. 101044

No. — St.

Primary Registration District No. Registered No.

Hospital —

FULL NAME OF CHILD Virgal Ray Yoder

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	4 (Month) - 28 (Day) - 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. J. Yoder	FULL MAIDEN NAME	Anna Ulrich
RESIDENCE	Melba Idaho	RESIDENCE	Melba, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Indiana	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:05 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton, M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Idaho

Filed 19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

162-119-014-212

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STA[redacted]
BUREAU O[redacted]TICS
CERTIFI[redacted]IRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Canyon

City of Nampa

Registration District No. ..... File No. 101045

No. R#1 St.

Primary Registration District No. ..... Registered No. .....

Hospital —

FULL NAME OF CHILD Gene Aoki

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Apr (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Junto Aoki	FULL MAIDEN NAME	Harumi Baba
RESIDENCE	R#1 Nampa Idaho	RESIDENCE	R#1 Nampa Idaho
COLOR	Yellow	COLOR	yellow
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chelton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nampa Idaho

Filed ..... 19....

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-212-014-168

PLACE OF BIRTH

[redacted]m V. S. No. 11—20m-7-26-19

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

#52

CERTIFICATE OF BIRTH

County of Canyon

City of

Registration District No. 7 File No. 101046

No. St.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Margaret Rose Merritt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	4 12 1922

FATHER		MOTHER	
FULL NAME	Raymond Hugh Merritt	FULL MAIDEN NAME	Reva Rose Johnson
RESIDENCE	R.F.D. ~~Ill~~ Caldwell	RESIDENCE	R.F.D. ~~Utah~~ Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Utah
OCCUPATION	Rancher's Wife	OCCUPATION	Rancher

Number of child of this mother, including present birth 1 Number of children of this mother now living, inc[redacted]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive [redacted] 10 [redacted] M. on the date above stated.

(Born alive [redacted]

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. R. Me[redacted]

(Physician o[redacted]

Given names added from a supplemental report.

19

Address

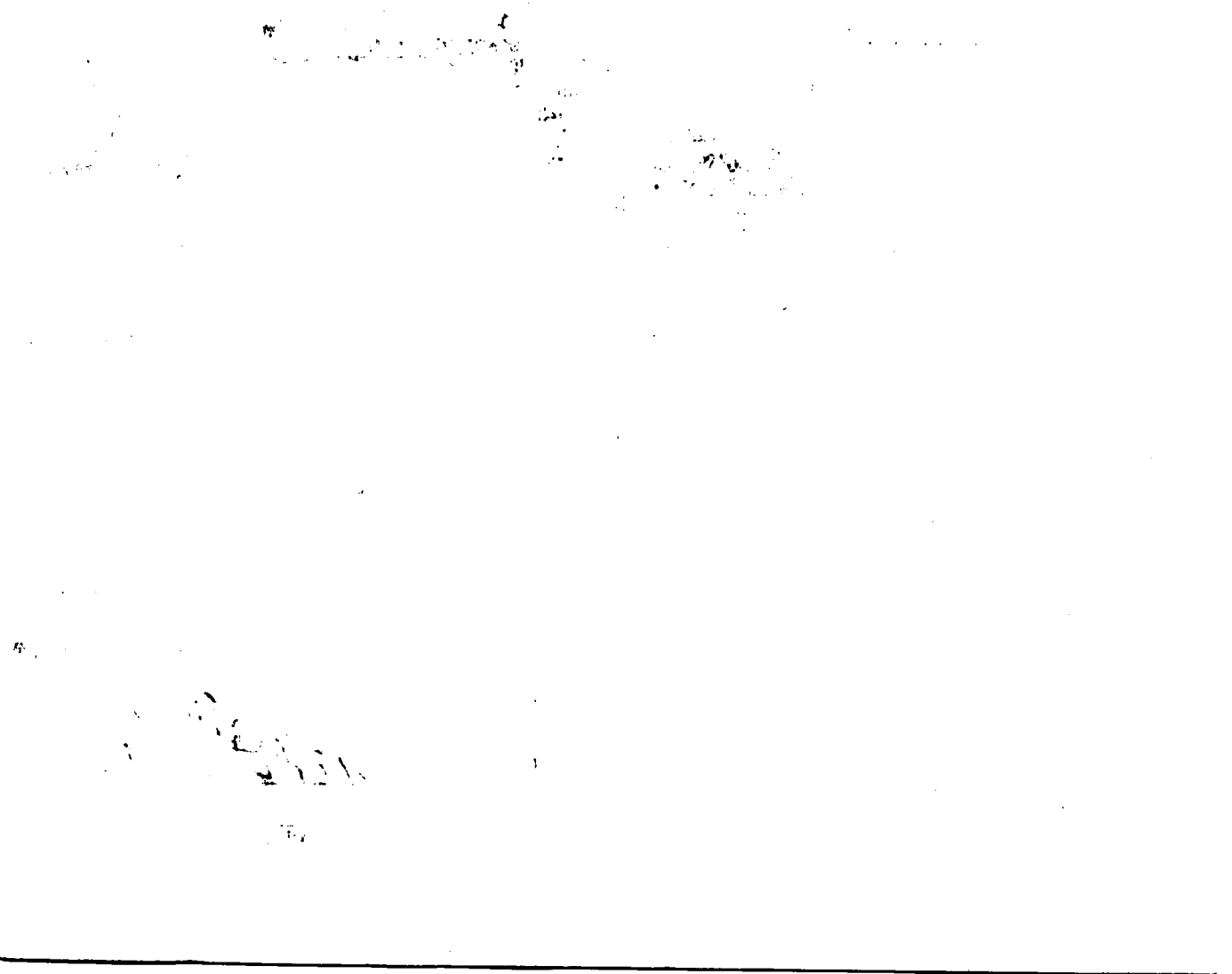
Registrar.

Filed May 15 1922 Pearle Dodds Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



384-122-014-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7 File No. 101047

Hospital ..... Primary Registration District No. 2002 Registered No. .....

FULL NAME OF CHILD Daniel Lyda
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	March 22 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James S Lyda	FULL MAIDEN NAME	Theodocia Jones
RESIDENCE	Nampa Ida.	RESIDENCE	Nampa, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R. Proctor
Physician
(Physician or midwife)

Address Nampa, Ida.

Filed Apr 10 1922 Pearle Dodds
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1943

213-284-014-857

PLACE OF BIRTH

Number

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of ~~Triangle~~ Ida.

No. ..... St.

Registration District No. 7

File No. 101048

Hospital .....

Primary Registration District No. 2006

Registered No. .....

FULL NAME OF CHILD Nellie Madelene Bachman.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes.	apr 29 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME Earle M. Bachman

RESIDENCE Triangle - Ida.

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Nebraska.

OCCUPATION Stockman.

MOTHER

FULL MAIDEN NAME Margaret anna Heagle

RESIDENCE Triangle. Ida.

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:20 P. M. (Born alive or stillborn) on the date above stated.

(Signature) Geo. R. Proctor

Physician

(Physician or midwife)

Address .....

Filed May 10 1922 Pearle Dodds

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Owyhee)

Certificate No.....

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Nellie Madelen Buchman (Name on original certificate) who was born (was born or died) on April 29 1922 (Date of event) in Nampa (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Birth Certificate (Bible record, insurance plcy.etc.) prepared on..... (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Margaret Anna Heyle	Nebraska	Idaho

Subscribed and sworn to before me this 20 day of Sept 1941

Signed mother Margaret Buchman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lynn Buchman
Notary Public
Residing at Oreana Ida

Triangle, Idaho
(Street address, City, State)

My commission expires Feb 25 1945

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Owyhee)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of Sept 1941

Signed Eileen Buchman
(Signature of any credible person other than the previous affiant.) Sister of mother

Lynn Buchman
Notary Public
Residing at Oreana Idaho

Oreana, Idaho
(Street address, City, State)

My commission expires Feb 25 1941

(SEAL)

FEB 27 1964

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 369-130 814-393

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7 File No. 101049

Hospital ..... Primary Registration District No. 200e Registered No. .....

FULL NAME OF CHILD Robert George Turrittin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Apr. 30 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George E. Turrittin	FULL MAIDEN NAME	Gladys Ella Titus
RESIDENCE	Nampa. Ida.	RESIDENCE	Nampa. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Minnesota	BIRTHPLACE	Oregon.
OCCUPATION	Rancher.	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed May 10 1922 Pearle Dodds
Registrar.

AUG 8 1962
MAY 21 1974
JUN 5 1942

396203.014-298

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of ~~Collopy~~ No.

No. Kuna R.R. 1. St. [redacted]rict No. 7 File No. 101050

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Mary Helen Trotaugh.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	May 3 1922

What bactericidal solution was used in eyes? Silver Nitrate 1 o/o Sol.

Number of child of this mother, including present birth 3. Number of child of this mother now living, including present birth 3.

FATHER		MOTHER	
FULL NAME	Claude E. Trotaugh.	FULL MAIDEN NAME	Lillian Bryant
RESIDENCE	Nampa ~~Collopy~~ R.D. #35 Ida.	RESIDENCE	Collopy — Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40.	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Indiana	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed May 10 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1959

766-202-004-795

PLACE OF BIRTH
Amended 3-18-76

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 101051

County of Canyon
City of Nampa
No. Route # 4 St.
Hospital
Registration District No. 7
Primary Registration District No. 2006
Registered No.

FULL NAME OF CHILD Mae Evelyn Goodman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes.	May 2 — 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Clifford Goodman	FULL MAIDEN NAME	Mamie Gregory
RESIDENCE	Nampa - Ida.	RESIDENCE	Nampa - Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Geo. R. Proctor
Physician.
(Physician or midwife)

Address

Filed May 15 1922 Pearle Dodds
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV. 7 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

11-7-75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 18 12 31 PM '76

State of ..... } ss.
County of ..... }

Certificate No. 101051

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for May Eveline Goodman (Name on Original Certificate) who was born (Was Born or Died) on May 2, 1922 (Date of Event)

in Nampa (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	May Eveline	Mae Evelyn

Subscribed and sworn to before me this 17th day of March, 19 76

(Notary Public)

Notary Public, residing at Nampa, Idaho

My commission expires 7/1/77

(Seal)

Signed Mamie Goodman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate issued by the Alameda County Health Dept. of Oakland, California. James C. Malcolm M. D. Local Registrar. Child born December 29, 1951 This record gives mother's maiden name as Mae Evelyn Goodman.
Viewed by V.S

Family record gives name of child as Mae Evelyn Goodman born May 2, 1922 in Nampa, Idaho to Clifford Goodman and Mamie Gregory. Record dated. June 23, 1956.
Viewed by V.S

3-18-76

719-127-014-693

Country

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Canyon

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Nampa

Registration District No. 7 File No. 101052

No. R.R. No 4 St.

Primary Registration District No. 9006 Registered No.

Hospital

FULL NAME OF CHILD x Don Glenn Parkinson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	✓		x	Yes	Mar 27 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lee Gould ~~Guy~~ Parkinson	FULL MAIDEN NAME	Margaret Wilson
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	South Dakota	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho

Filed May 10 1922 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1942

FEB 25 1952

245-225-015855

PLACE OF BIRTH

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

[redacted] OF IDAHO
[redacted] VITAL STATISTICS

Form V. S. No. 11—25m-6-16-18

CERTIFICATE OF BIRTH

County of Conbur

City of Soda Springs

No. _____ St.

Hospital _____

Registration District No. 82

File No. 101053

Primary Registration District No. 2159

Registered No. 16

Full Name of Child Mary Mildred Smedley

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
F	one		—	yes	May 25 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Israel B. Smedley	Lydia M. Hendricksen
RESIDENCE	Soda Springs	Soda Springs
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Clerk	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kackley

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19____

Ellis Kackley
Registrar

Address Soda Springs Idaho

Filed May 31 1922 Ellis Kackley
Registrar

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 25 1927
BUREAU OF VITAL STATISTICS

Boise, Idaho, JUN 1927

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Soda Springs

Street:

County: Caribou

File Number: 101053

Registration Dist. No:

Sex of Child: Female

Date of Birth: May 25th 1927

Father: Israel Barlow Smedley (Full Name)

Mother: Lydia Matilda Henrik (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Mildred Smedley (Child's Name in Full)

Lydia M. Smedley — Israel B. S (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
D FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.
It establishes legally the date of the child's birth, parentage
itimacy.

It enables the Public Health Nurse to make sure the child has
otected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-

to furnish certified copies of certificates of birth, it is im-
t that the certificates be filed with the BUREAU OF VITAL STATIS-
nd the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

155-115-003-253

child's name, DOB, parents' names amended [redacted]

PLACE OF BIRTH 06-01-05 ns

RECEIVED JUN 2 - 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs

Registration District No. 82

File No. 101054

No. ..... St.

Primary Registration District No. 2159

Registered No. 21

Hospital .....

FULL NAME OF CHILD John Howard ~~Avrey~~ Avery

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	7	Yes	March 16 ~~March 15~~ 1922

	FATHER	MOTHER
FULL NAME	Jesse Eugene Avery ~~Jesse Edward Avrey~~	Emma Jane Bell
RESIDENCE	Lava Hot Springs Ida	Lava Hot Springs
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	32
BIRTHPLACE	Arimo Idaho.	Weston Idaho.
OCCUPATION	Farming	Farming

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 6 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frances F. Merrick

Mid Wife (Physician or midwife)

Address Lava Hot Springs Idaho.

K Given names added from a supplemental report.

..... 19....

Elis Kanty Registrar

Filed My 31 1922

Elis Kanty Registrar

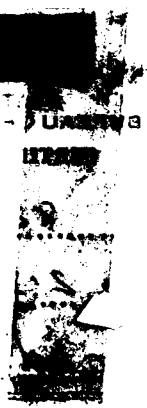
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 14 1942



IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
2005 MAY 25 AM 10:21

State of _____ } SS
County of _____ }

Certificate No. 1922-101054

Date Filed 6-2-1922

The undersigned does solemnly swear that certain facts on the certificate of **birth**
(Birth, Death, Marriage, etc.)

for **John Howard Avrey** (Name on Original Certificate) who **was born** (Was Born, Died, etc.) on **March 15, 1922** (Date of Event Reported on Original Certificate)

in **Lava Hot Springs (Bannock) Idaho** (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Last Name of Child	Avrey	Avery
Father's Name	Jessie Edward Avrey	Jesse Eugene Avery
Child's Date of Birth	March 15, 1922	March 16, 1922
Mother's Full Name	Emma Bell	Emma Jane Bell

Subscribed and sworn to before me this 23rd. day of May, 2005

Notary Public, [signature]

Residing at [illegible]

My commission expires 2/21/09
(Seal)

JAKE V. BUI
NOTARY PUBLIC
STATE OF WASHINGTON
COMM. EXP FEBRUARY 21, 2009

John A Avery
Signature of Applicant

731 VAN DE VANTER
KENT WASH 98030
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)

(Is not necessary ☒)

State of _____ } SS
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

ARMY SEPARATION QUALIFICATION RECORD FOR JOHN H AVERY BORN MARCH 16, 1922 DATED FEBRUARY 24, 1946. VIEWED BY VS

VETERANS ADMINISTRATION CERTIFICATE OF ELIGIBILITY FOR JOHN H. AVERY ISSUED MARCH 6, 1957. VIEWED BY VS

LDS FAMILY GROUP RECORD FOR JOHN HOWARD AVERY SHOWING PARENTS AS JESSE EUGEN AVERY AND EMMA JANE BELL DATED OCTOBER 1997 VIEWED BY VS

LDS INDIVIDUAL ORDINANCE SUMMARY FOR JOHN HOWARD AVERY BORN MARCH 16. 1922 IN LAVA HOT SPRINGS (BANNOCK CO.) SHOWING PARENTS AS JESSE AVERY AND EMMA JANE BELL DATED 12/97 VIEWED BY VS

ID DEATH CERTIFICATE 78-651 FOR JESSE EUGENE BELL WHO DIED 01/31/78 IN DOWNEY (BANNOCK CO) VIEWED BY VS

165-211-015-231

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gerber

City of Canada

No. ..... St.

Hospital .....

Registration District No. 18 82 File No. 101057

Primary Registration District No. 2159 Registered No. 18

Full Name of Child — Ruth Marjorie Jones

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
fr	—		—	yes	Mch 11 1922

FATHER		MOTHER	
FULL NAME	Calvin Jones	FULL MAIDEN NAME	Bertha Slayton
RESIDENCE	Canda Idh	RESIDENCE	Canda Idh
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Or	BIRTHPLACE	Or.
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 29 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kackley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Ellis Kackley
Registrar

Address Sidar Springs Idaho

Filed Mch 31 1922 Ellis Kackley
Registrar

JUN 24 1949

962-218-846-354

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC W[redacted]ARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. 30563rd

Registration District No. 117

File No. 101060

Hospital

Primary Registration District No. 2196

Registered No. 2253

FULL NAME OF CHILD Wilma Natalion (Female)
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 18th 1922

What bactericidal solution was used in eyes? 10% Argyrol freshly made

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	William Peat Roberts	FULL MAIDEN NAME	Mary Lem
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Salt Lak City Utah	BIRTHPLACE	Pitsburg Pa.
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich

Physician

(Physician or midwife)

Address Burley, Idaho.

Give names added from a supplemental report.

....., 19.....

Filed May 1 1922 Mrs. J. C. Patterson

Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

...IFICATE OF BIRTH SHOUL...
...BE FIL... ...EACH CHILD ...D THE ... COMPLETED WITH THE NA...

JUN 11 1948

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Burley Idaho
- Street: 305 East 3rd
- County: Cassia

File Number: 101060

Registration Dist. No.:

Date of Birth: April 18 1922

Sex of Child: Female

Father: William Peat Roberts
Full Name

Mother: Mary Roberts
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Wilma Natalion Roberts Blessed Jan 7 1

Child's Name in Full

Mrs. Roberts
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

213-105-016-381

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

Registration District No. 117 File No. 101061

No. ..... St.

Primary Registration District No. 2196 Registered No. 2254

Hospital .....

FULL NAME OF CHILD Wm. ~~Evett~~ Chapman Bates

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth April (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Charles Lawrence Bates	FULL MAIDEN NAME	~~Catherine~~ Katie Margaret Margret Chapman
RESIDENCE	Albion Idaho	RESIDENCE	Albion Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Ibaph. Utah	BIRTHPLACE	White Pine Nev
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Rich

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Ida

Filed May 1 1922 Dr. J. C. Patterson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 27 1932
BUREAU VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Albion

Street: .....

County: Idaho

File Number: 101061

Registration Dist. No.: .....

Sex of Child: Male

Date of Birth: April 5 192.2

Father: Charles Lawrence Bates (Full Name)

Mother: Katherine Margaret Cha... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ewell Chapman Bates
Child's Name in Full

Katherine Bates
Signature of Father or Mother

1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Certified copy issued Jan. 28, 1941 Z.J.

Pd

795-201 of 16-356 name added 12-29-82

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Cassia

City of Burley

Registration District No. 117 File No. 101062

No. W Main St.

Primary Registration District No. 2196 Registered No. 2255

Hospital

FULL NAME OF CHILD Erma Ruth Prescott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	April 1 1922

FATHER		MOTHER	
FULL NAME	Burton Royal Prescott	FULL MAIDEN NAME	Ruth Irene Lofgren
RESIDENCE	Burley Idaho	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Basalt Idaho	BIRTHPLACE	Idaho Falls Ida
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich

Physician.
(Physician or midwife)

Address Burley. Idaho

Given names added from a supplemental report.

19

Registrar

Filed May 1 19 22 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

10-6-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 101062
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Prescott (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 1, 1922 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Erma Ruth Prescott

Subscribed and sworn to before me this 4 day of November, 1982

Notary Public, Sharon E Payne

Residing at Sunnyside

My commission expires 1-27-86

(Seal)

X Erma Ruth Prescott
Signature of Applicant

1230 So 13 St Sunnyside Wn
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of November, 1982

Notary Public, Sharon E Payne

Residing at Sunnyside

My commission expires 1-27-86

(Seal)

Burton R Prescott
Supporting Signature

RR 2 Box 25 Sunnyside Wn
Street Address, City, State

1 cc pd

LDSChurch Record of Baptism gives Erma Ruth Prescott born 4-1-22 in Burley to Burton Prescott and Ruth Lefgreen was baptised 5-2-30.. Viewed by V.S. 1982

Marriage Record gives Erma Ruth Prescott and Jacob Graff were married Dec 18, 1937 in Missoula, Montana. Viewed by V.S.

559-203-016-291 amend 4-21-82

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 117 File No. 101063

Primary Registration District No. 2196 Registered No. 2257

FULL NAME OF CHILD Helen Elenor Neilson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	1			yes	1 (Month) 3 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert D. Neilson	FULL MAIDEN NAME	Bessie Brackett
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:28 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Kenagy MD.
Rupert, Idaho.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address ~~Burley~~ Ida

Filed Apr. 28 1922 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

MENT OF PUBLIC WELFARE

Boise, Idaho, JUN 10 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert, Ida. — Street: R—1 — County: Cassia

File Number: 101063

Registration Dist. No.:

Sex of Child: Female

Date of Birth: January 3 1922.

Father: Albert Manuel Nielson (Full Name) Mother: Bessie Aletha Bracke (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Helen Eleanor Nielson
Child's Name in Full

Mrs. A. M. Nielson
Signature of Father or Mother

MAY 3 1974

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
E FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage
nd legitimacy.

It enables the Public Health Nurse to make sure the child has
en protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-
ed to furnish certified copies of certificates of birth, it is im-
nt that the certificates be filed with the BUREAU OF VITAL STATIS-
and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

3-2-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss. APR 19 11 28 AM '82
County of _____

Certificate No. 101063
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Helen Elenor Neilson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 1-3-22 (Date of Event)

in Rupert (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
fathers birth place	Minn	Utah
fathers occupation	Housewife	Farmer
mothers birth place	Utah	Minn
mothers occupation	Farmer	Housewife
filed	Apr. 28, 192	Apr. 28, 1922

Subscribed and sworn to before me this 5th day of April, 1982

Notary Public, Hallie D. Umpleby

Residing at 5213 Wiseland SE Canton, O. 44707

My commission expires _____

(Seal)

x Helen E. Eibel
Signature of Applicant

561-51st SW Canton Ohio 44706
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

APR 21 1982

Birth Certificate for David Alden Neilson born 9-27-24 in Rupert to AD Neilson born in Utah, occupation Farmer and Bessie Brackett born in Minnesota occupation Housewife. State file # 127832. Viewed by V.S.

Supporting Affidavit to acc birth Certificate of Jack Neilson gives Bessie A Neilson ,mother born [illegible] in Minnesota . Affidavit signed and notarized on 3-5-43. Viewed by V.S.

Cert of Birth for Jack Neilson gives child born 5-22-13 to Albert Daniel Neilson father born in Utah, occupation farmer and mother Bessie A Brackett born in Minnesota, occupation Housewife.

Certificate of Baptism gives Helen Elenor Eibel born 1-3-22 was baptised 1-21-45, in Methodist Church. Viewed by V.S.

Marriage Licese from State of Idaho County of Cassia gives Raymond George Eibel and Helen Elenor Neilson married 10-12-40. Viewed by V.S.

993-22-016-997

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley.

No. ..... St.

Registration District No. 117 File No. 101064

Hospital ..... Primary Registration District No. 2196 Registered No. 2256

FULL NAME OF CHILD Lola Richardson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	and	yes.	April 22 1922

What bactericidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Samuel B. Richardson	FULL MAIDEN NAME	Jeannett Riggs
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39.	AGE AT LAST BIRTHDAY (Years)	33.
BIRTHPLACE	Ohio.	BIRTHPLACE	Greely, Colorado.
OCCUPATION	Farmer.	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:05 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benj Schultz

Physician.

(Physician or midwife)

Address Burley Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 3rd 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1942

699-112-016-699

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Rupert

Registration District No. 117

File No. 101065

No. ..... St.

Primary Registration District No. 2196 Registered No. 2258

Hospital .....

FULL NAME OF CHILD John Wesley Orr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Boy			Yes	2	12	1922

FATHER		MOTHER	
FULL NAME	R B Orr	FULL MAIDEN NAME	Agnes Wright
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:30 A M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician

(Physician or midwife)

Address Rupert. Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Apr. 28 19 22 W. J. C. Pattison

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 20 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDA

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 16 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jackson

Street: R.F.D. #1, Rupert Ida

County: Cassia

File Number: 101065

Registration Dist. No. .....

Date of Birth: Feb. 12 1922

Sex of Child: Male

Father: Robert B. Orr (Full Name)

Mother: Agnes Knight (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Wesley Orr
Child's Name in Full

Robert B. Orr
Signature of Father or Mother

SEP 23 1945

AUG 30 1960

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

432-230-006-212

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Cassia
City of Rupert
No. R.F.D. St.
Local Registrar's No. 117
File No. 101066 2254
Hospital
Primary Registration District No. 2196
Registered No.

FULL NAME OF CHILD Martha Ann McKenzie
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Apr 30th 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Neil McKenzie	FULL MAIDEN NAME	Jessie Emmeline Bacon
RESIDENCE	R.F.D. Rupert, Idaho	RESIDENCE	R.F.D. Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Virginia	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 15th A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Lulan Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho

Filed May 4th 1922 By J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] WHY A CERTIFICATE OF

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital impor ance to have the full name included in the record. Kindly fill in the information requested in the blank belo and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert Ida

Street: —

County: Cassia

File Number: 101066

Registration Dist. No.:

Date of Birth: April 30 1922

Sex of Child: Female

Father: Neil McKenzie (Full Name)

Mother: Jessie Emmeline (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marthea Ann McKenzie (Child's Name in Full)

Mrs Jessie McKenzie (Signature of Father or Mother)

- - - - - - - - - - -

registration is part of every child's birthright.
tablishes legally the date of the child's birth, parentage
ty.
nables the Public Health Nurse to make sure the child has
ed from danger of blindness and other infections at birth.

- - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

ne correct age for purposes of school attendance.
nployment.
rotection under the law.
ilitary and jury duty.
ight to travel unmolested in foreign lands.
ight to vote.
ight to receive pensions and inherit property.
rnishes acceptable evidence of genealogy.
ight to get married.
ast at this time while many of the Ex-Service men are com-
rnish certified copies of certificates of birth, it is im-
the certificates be filed with the BUREAU OF VITAL STATIS-
same completed by furnishing the name of the child.

LEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

33-20-016-17

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital

Registration District No. 117

Primary Registration District No. 2196

File No. 101067

Registered No. 2260

FULL NAME OF CHILD Mona R. Clayton

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 1 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm. H. Clayton	FULL MAIDEN NAME	Ruth R. Baggett
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kentucky
OCCUPATION	Farming	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Carter M.D.
(Physician or midwife)

Address Burley Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed May 8th 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

A CERTIFICAT_
COMPLET

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Springdale

Street:

County: Cassia

File Number: 101067

Registration Dist. No.:

Sex of Child: female

Date of Birth: April 1 1922

Father: Wm. Heber Clayton (Full Name)

Mother: Ruth Rachel Baggett (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Viona R. Clayton

Child's Name in Full

[signature] Clayton

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

219-206-016-962

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. 101068

Hospital .....

Primary Registration District No. 2196

Registered No. 2261

FULL NAME OF CHILD WANDA JUNE BAILEY

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— and —	—	Yes	Apr 6 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Earl R. Bailey	FULL MAIDEN NAME Flora Robinson
RESIDENCE Burley	RESIDENCE Burley
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) F. X. Cutler M.D.

(Physician or midwife)

Address Burley Ida.

Filed May 8th 1922 Dr. J. C. Pattison Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 10068

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Bailey (NAME ON ORIGINAL CERTIFICATE) who Girl (WAS BORN OR DIED) on Apr. 6, 1942 (DATE OF EVENT)
in Burley, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Wanda June Bailey

Subscribed and sworn to before me this 9
day of March, 1942

Notary Public, residing at Pocatello

My commission expires June 18/42
(SEAL)

Signed Flora Bailey
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9
day of March, 1942

Notary Public, residing at Pocatello

My commission expires June 18/42
(SEAL)

Signed Allen Gomm
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on APR 24 1942 By
(REGISTRAR'S SIGNATURE)

APR 8 1 1942

753-110-016-815

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101069

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. .....

Hospital .....

Primary Registration District No. 2196

Registered No. 2262

FULL NAME OF CHILD Keith LaVar Peterson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	April 10 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	James O Peterson	FULL MAIDEN NAME	C. Amelia Hansen
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H Butler M.D.

(Physician or midwife)

Address Burley Idaho

Filed May 8th 1922 Dr. J. C Pattison

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/28/41 L. B.

DEC 10

33-230-016-858

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia
City of Burley
No. ____ St. ____
Registration District No. 117
File No. 101070
Hospital ____
Primary Registration District No. 2196
Registered No. 2263

FULL NAME OF CHILD Baby LEOLA H. Clayton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr 30 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Leo A Clayton	FULL MAIDEN NAME	Adelaide Hunman
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler M.D.
(Physician or midwife)
Address Burley Ida

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed May 8th 1922 Dr. J. C. Partlow Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 - 1964

266-103-86-269

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Cassia
City of Burley
No. ..... St. .....
Registration District No. 177
File No. 101071
Hospital .....
Primary Registration District No. 2196
Registered No. 2264

FULL NAME OF CHILD Jack Thomas Bowen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— and —	—	Yes	April 2 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thos E. Bowen	FULL MAIDEN NAME	Gladys Dowsun
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	New Mex.
OCCUPATION	Laborer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) F. H. Cutler MD
(Physician or midwife)
Address Burley Ida

Filed May 8th 1922 Dr. J. C. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASONS WHY A C[illegible]TE OF
[illegible] AND THE S[illegible]

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

File Number: 101071

Street: 202 South Hansen

Registration Dist. No.:

County: Cassia

Sex of Child: Male

Date of Birth: April 3rd 1926.

Father: Thomas Elmer Bowen (Full Name)

Mother: Gladys Sorensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jack Thomas Bowen
Child's Name in Full

Mrs. Thomas E. Bowen
Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

259-269-016-219

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 117 File No. 101072

Primary Registration District No. 2196 Registered No. 2265

FULL NAME OF CHILD Baby Stallings Bertha

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Apr. 9 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Chas E. Stallings	FULL MAIDEN NAME	Hazel Bailey
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) F. F. Cutler M.D.

(Physician or midwife)

Address Burley Idaho

Filed May 8 1922 Dr. J. C. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: .....

County: Cassia

File Number: 101072

Registration Dist. No.: .....

Sex of Child: Female

Date of Birth: April 9 1922.

Father: Charles E. Stallings (Full Name)

Mother: Hazel Bailey (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Bertha Stallings
Child's Name in Full

Chas. E. Stallings
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

314-205-016-419

PLACE OF BIRTH
name added 8-11-83

County of Cassia

City of Burley

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 101073

Primary Registration District No. 2196 Registered No. 2237

FULL NAME OF CHILD Minnie Marie Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr 5 192 2

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	L. M. Campbell	FULL MAIDEN NAME	Doris Marsh
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Kansas.
OCCUPATION	Farming	OCCUPATION	Hsf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5. a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed Apr. 12 1922 Dr. J. C. Patterson
Registrar.

7-27-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 10 10 14 AM '83

State of Kansas
County of Riley } ss.

Certificate No. 101073
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Campbell (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 5, 1922 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Minnie Marie Campbell

Subscribed and sworn to before me this 1st day of August, 1983.
Notary Public, Roy H. Worthington
Residing at Manhattan, Riley County, Kansas
My commission expires July 1, 1986
(Seal)

x Minnie Marie Campbell
Signature of Applicant
2420 Marlatt
x Manhattan, Kans 66502
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kansas
County of Riley } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of August, 1983.
Notary Public, Roy H. Worthington
Residing at Manhattan, Riley County, Kansas
My commission expires July 1, 1986
(Seal)

x Margery J. Bayes
Supporting Signature
x 736 Creekline Dr.
x Manhattan, Kansas 66502
Street Address, City, State

ICC credit

AUG 11 1983

Certificate of Birth Registration lists Sharon Sue Oppenlander born Nov 26, 1941 in Manhattan, Kansas # 1941-679 lists Mothers maiden name as Minnie Marie Campbell. Viewed by V.S.

Marriage Certificate lists Harry E Oppenlander and Minnie M Campbell were united in marriage in the State of Kansas on the 23rd of December 1939. at Clay Center , Kansas. Viewed by V.S.

249-204-016-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration No. 117

File No. .....

Hospital .....

Primary Registration District No. 2196

Registered No. 101074

FULL NAME OF CHILD Myrtle Smith

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes.	Apr. 4 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	C. H. Smith	FULL MAIDEN NAME	Lillie Stokes.
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farming.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley. Ida.

Filed Apr. 13 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street:

County: Cassia

File Number: 101074

Registration Dist. No.:

Sex of Child: Female

Date of Birth: April 4th 192.2

Father: Elvis H. Smith (Full Name)

Mother: Lillie V. Stokes (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margaret Smith
Child's Name in Full

Elvis H. Smith
Signature of Father or Mother

- - - - - - - - - - -

APR 21 1944

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

793.206.016-155

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 101075

Hospital .....

Primary Registration District No. 2196 Registered No. 2239

FULL NAME OF CHILD Ruth Mercedes Gillett

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes.	Apr. 6 192 7

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	L. F. Gillette	FULL MAIDEN NAME	Mary Jensen
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Neb.	COLOR	White
OCCUPATION	Farming.	AGE AT LAST BIRTHDAY (Years)	36
		BIRTHPLACE	Utah.
		OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

Filed Apr 15 1927 Dr. J. C. Patterson

Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 ... BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ..... Burley ..... Street ..... County ..... Cassia .....

File Number ..... 101075 .....

Registration Dist. No. .....

Sex of Child ..... ~~Female~~ .....

Date of Birth ..... Apr 6 .....192...

Father ..... Leon Foster Gillett ..... Full Name

Mother ..... Mary Jensen ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Ruth Mercedes Gillett .....
Child's Name in Full

..... L. G. Gillett .....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

347.209.016-249

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 101076

Hospital ..... Primary Registration District No. 2196 Registered No. 2240

FULL NAME OF CHILD Ida Edna Lingenbuhl

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes.	Apr. 9 192 7

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alba Lingenbuhl	FULL MAIDEN NAME	Zina Smith
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ut Colo.	BIRTHPLACE	Idaho.
OCCUPATION	Farming.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 a. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) Dr. J. C. Patterson Physician

(Physician or midwife)

Address Burley Idaho.

Filed Apr. 18th 1922 Dr. J. C. Patterson **Registrar.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-107-016-365

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 101077

Hospital ..... Primary Registration District No. 2196 Registered No. 2241

FULL NAME OF CHILD Bobbie Frank Moss.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	April 7 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: J. S. Moss.	FULL MAIDEN NAME: Nellie May Love.
RESIDENCE: Burley. Idaho.	RESIDENCE: Burley. Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Okla.
OCCUPATION: Laborer.	OCCUPATION: Hsf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Filed Apr. 19 1922 Dr. J. C. Patterson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

361-212-016-436

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101078

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2242

FULL NAME OF CHILD Dorothy Jean Coates
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	Apr. 12 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	E. B. Coates	FULL MAIDEN NAME	Margaret McFate
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley, Idaho.

Filed Apr. 20 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 21 1959

14-113-016-419

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 117

File No. 101079

Primary Registration District No. 2196

Registered No. 2243

FULL NAME OF CHILD Floyd Judd

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr 13 192

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Alonzo Judd	FULL MAIDEN NAME	Verbeen Mairott
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Utah
OCCUPATION	Mail-Carrier	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at ____ P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Filed Apr 22 nd 192 J. Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 8 1945

JUN 1 0 1942

STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 235 S. Hansen

County: Cassia

File Number: 101079

Registration Dist. No.:

Sex of Child: Male

Date of Birth: April 13 1927.

Father: Alonzo Judd
Full Name

Mother: Vernon Marriott
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Floyd Judd
Child's Name in Full

Alonzo Judd
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

491-22-016-491

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Registration District No. 117 File No. 101080

Hospital ____ Primary Registration District No. 2196 Registered No. 2244

FULL NAME OF CHILD Maxine Drake

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			No.	Apr. 12 192 2

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jo Mitchell	FULL MAIDEN NAME	Elenore Drake
RESIDENCE	Unknown	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Unknown	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	House -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

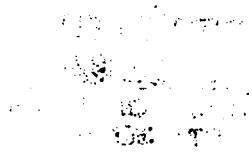
(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed Apr. 22 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



432-217.016-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Cassia

City of Burley

No. ..... St.

Hospital .....

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 101081

Primary Registration District No. 2196 Registered No. 2245

FULL NAME OF CHILD ~~[illegible]~~ RUBY JENNETT McBride
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Apr. 17 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	E. M. McBride	FULL MAIDEN NAME	Ruby Garner
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Carpenter	OCCUPATION	Hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 4 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed Apr. 26 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 101081

State of California } ss.
County of Los Angeles }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Sarah Jeanette (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on April 12, 1922 (DATE OF EVENT) in Burley Idaho (PLACE OF EVENT) are erroneous or were omitted: and that, to the best of his knowledge, the true facts as shown by Birth certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ——— (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Sarah Jeanette	Ruby Jennett McBride

Subscribed and sworn to before me this 23rd day of September, 1943

Dorothy Smythe
Notary Public, residing at Los Angeles, Cal.

My commission expires ~~Commission Expires~~ December 19, 1945
(SEAL)

Signed Mrs Ruby McBride
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

12041 Willowbrook Ave
(STREET ADDRESS, CITY, STATE) Willowbrook, Cal.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of September, 19 43

Selma Pace
Notary Public, residing at Compton, California. 12041 Willowbrook Ave.
(STREET ADDRESS, CITY, STATE) Willowbrook, California

My commission expires Nov. 14, 1945
(SEAL)

Signed Glen Marion McBride
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.) Father

Received for filing on ——— By ———
(REGISTRAR'S SIGNATURE)

SEP 27 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-217-016-A3

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 101082

Primary Registration District No. 2196 Registered No. 2246

FULL NAME OF CHILD Lora Rowena Stewart

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr 12 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. L. Stewart	FULL MAIDEN NAME	Rowena Hatch
RESIDENCE	Burley Idaho	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Dry Goods - Clerk	OCCUPATION	House - wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. L. Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

Filed Apr 27 1922 Dr. J. L. Patterson

Registrar.

.....

Registrar.

RECEIVED
JUN 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC

Boise, Idaho, JUN 16 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 427 N. Hansen

County: Cassia

File Number: 101082

Registration Dist. No.:

Date of Birth: June 13 192.2

Sex of Child: Female

Father: Fred LeRoy Stewart (Full Name)

Mother: Rowen Hatch (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lois Rowena Stewart

Child's Name in Full

Fred LeRoy Stewart

Signature of Father or Mother

JUN 3 1949

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

451-128-016-651

PLACE OF BIRTH

RECEIVED
MAY 23 1927
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101083

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No.

Hospital ..... Primary Registration District No. 2196 Registered No. 2247

FULL NAME OF CHILD Eldred Meacham

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr. 28 192 7

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. E. Meacham	FULL MAIDEN NAME	Ethel Fearnley
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	England.
OCCUPATION	Farming.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 5:30 P. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. E. Patterson

Physician

(Physician or midwife)

Address Burley Ida.

Filed Apr 28 192 7 Dr. J. E. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

216-123-016-491

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. 101084

Hospital .....

Primary Registration District No. 2196

Registered No. 2248

FULL NAME OF CHILD Kenzi Kawaguchi
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Apr. 23 192?

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME E. Kawaguchi	FULL MAIDEN NAME Ura Kata
RESIDENCE Burley Ida.	RESIDENCE Burley Ida.
COLOR ~~White~~ Japanese	COLOR ~~White~~ Japanese
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Japan.	BIRTHPLACE Japan.
OCCUPATION Farming	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Ida.

Give names added from a supplemental report.

....., 19.....

Filed May 1 1922 Dr. J. C. Patterson

Registrar.

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Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 4 1947

695-223016-795

PLACE OF BIRTH

County of Cassia

City of Burley

St.

Hospital

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 101085

Primary Registration District No. 2196 Registered No. 2249

FULL NAME OF CHILD Alma Margie Winward
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr. 23 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	R. S. Winward	FULL MAIDEN NAME	Verda Pierson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Hf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician
(Physician or midwife)

Address Burley Idaho

Filed May 1 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

FEB 28 1963

JUN 1 1944

435-228:016:799

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. R 2 St.

Registration District No. 117

File No. 101086

Hospital

Primary Registration District No. 2196

Registered No. 2258

FULL NAME OF CHILD Elizabeth Ann McEwen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one and	One	Yes	Apr. 28 192 2

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	W. R. McEwen	FULL MAIDEN NAME	Pearl E. Griffith
RESIDENCE	Burley R. 2	RESIDENCE	Burley R. 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Filed May 4 192 2 Dr. J. C. Patterson

Registrar

Give names added from a supplemental report.

....., 19.....

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Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-230-016-128

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

Registration District No. 17 File No. 101087

Primary Registration District No. 2196 Registered No. 2251

FULL NAME OF CHILD Edna Marie Broadhead

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr 30 '22

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	W. C. Broadhead	FULL MAIDEN NAME	Lela Usher
RESIDENCE	Albion Ida.	RESIDENCE	Albion Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Albion Ida.
OCCUPATION	Farming	OCCUPATION	Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Filed May 8th 1922 Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

APR 2 3 1976

493-130-056-813

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... Registration District No. 120 File No. 101088

Hospital ..... Primary Registration District No. 2199 Registered No. 68

FULL NAME OF CHILD Ernest Halverson Millard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	March 30 1922

What bactericidal solution was used in eyes? Ag. No. 13

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Millard jr	FULL MAIDEN NAME	Ethel Halverson
RESIDENCE	Oakley Id	RESIDENCE	Oakley Id
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dead (Born alive or stillborn), at 10.50 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Nelson
(Physician or midwife)

Address Oakley Id

Filed Apr 28 1922 A. G. Nelson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SE[illegible]ONS WHY

DE FI[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Berkeley

Street:

County: Alameda

File Number: 101088

Registration Dist. No.:

Date of Birth: March 30 1922

Sex of Child: Male

Father: John Joseph Millard (Full Name)

Mother: Etta Emely Halverson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ernest Halverson Millard

Child's Name in Full

John J. Millard

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

294-1-13-016-252

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101083

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Cassia

City of Oakley

No. 1

Registration District No. 80

File No. XXVII

Hospital

Primary Registration District No. 294

Registered No. 67

FULL NAME OF CHILD Frank James Simmons
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 8, 1922

What bactericidal solution was used in eyes? Argyrol 3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	J. Simmons	FULL MAIDEN NAME	Bertha Sessions
RESIDENCE	Oakley Id.	RESIDENCE	Oakley Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. J. Nielson
(Physician or midwife)

Address Oakley Id.

Filed 4/23 192 2 N. J. Nielson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS [illegible]

Dear [redacted]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street: .....

County: Cassia

File Number: 101089

Registration Dist. No. .....

Date of Birth: March 12 1923

Sex of Child: Male

Father: John J. Simmons (Full Name)

Mother: Bertha Simmons (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Frank James (Child's Name in Full)

John J. Simmons (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

344-2D7.0 16-299

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101090

County of Jassin

City of Oakley

No. ..... St.

Registration District No. 150

File No. XX

Hospital

Primary Registration District No. 2199

Registered No. 66

FULL NAME OF CHILD Betty Lee Cummins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	March 7 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Frank Cummins	FULL MAIDEN NAME	Lula Briggs
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed 4/10 1922 A. F. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ERAL REASONS WHY A CERTI
LED FOR EACH CHILD AND THE SAME

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Place of Birth — Street:

Place of Birth — County: Cassia Co

File Number 101090

Registration Dist. No.

Sex of Child: Female

Date of Birth: March 7th 1922

Father: Frank Marion
Full Name

Mother: Lue Briggs
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Betty Lue Cummins
Child's Name in Full

Frank Marion Cummins
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at b

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are pelled to furnish certified copies of certificates of birth, it i portant that the certificates be filed with the BUREAU OF VITAL S TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

633-201-016-386

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101091

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXVII

Primary Registration District No. 2199

Registered No. 64

FULL NAME OF CHILD Thirza Oakley

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	March 1 1922

What bactericidal solution was used in eyes? Ag No. 3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Dr. Frank Oakley	FULL MAIDEN NAME	Marjorella Tomsen
RESIDENCE	Oakley, Ida.	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was live (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nelson
(Physician or midwife)

Address Oakley Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed April 10 1922 A. F. O. Nelson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

IVED
1923
OF VITAL
ISTICS

Place of Birth — City Oakley

Street Wilson Ave

County Cassia

File Number 101091

Registration Dist. No. .....

Sex of Child Female

Date of Birth March 1st 192.2

Father David Frank Ottley
Full Name

Mother Margaretha Ann Thomsson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Thirza Ottley
Child's Name in Full

David Frank Ottley
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

625-224-016-249

PLACE OF BIRTH

County of Cassia

City of Island

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101092

RECEIVED
MAY 23 1922
VITAL

Registration District No. 120 File No. XXVII

Primary Registration District No. 2199 Registered No. 63

FULL NAME OF CHILD Zina Okelberry
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Feby 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? $AgNO_3$ 1%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	James Peter Okelberry	FULL MAIDEN NAME	Emily May Smith
RESIDENCE	Island	RESIDENCE	Island
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains M.D.

Oakley, Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address 4/10

Filed 4/10 1922 N. T. Nielson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, JAN 16 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street: R F D 2

County: Cassia

File Number: 101092

Registration Dist. No.: 18

Sex of Child: Female

Date of Birth: Feb 24 1922.

Father: James Peter Akelberry (Full Name)

Mother: Emily Mary Smith (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Zina Akelberry
Child's Name in Full

James P Akelberry
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

156-120-016-396

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MA 23 192
BUREAU OF VITAL STATISTICS

101093

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 1

File No. XXII

Primary Registration District No. 2199

Registered No. 62

FULL NAME OF CHILD Dennis Darwin Jeffs
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Feb 20 1922

What bactericidal solution was used in eyes? Ag No. 3

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Dean Jeffs	FULL MAIDEN NAME	Clara Croft
RESIDENCE	Oakley Id.	RESIDENCE	Oakley Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. O. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed 4/10 1922 A. G. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

AUG ... BUREAU OF VITAL STATISTICS

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Oakley
- Street: .....
- County: Cassia

File Number: 101093

Registration Dist. No. 24.

Date of Birth: February 20 1921

Sex of Child: Male

Father: George Darwin Jeffs
Full Name

Mother: Clara Bertha Cro
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Doris Darwin Jeffs.
Child's Name in Full

Geo. D. Jeffs.
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 418-118 916-418

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101094

Registration District No. 120 File No. XXVII

Primary Registration District No. 2199 Registered No. 61

FULL NAME OF CHILD Gail Day Dahlquist
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Feb 18 1922

What bactericidal solution was used in eyes? Ag No. 3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Clyde Dahlquist	FULL MAIDEN NAME	Zetta Day
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Sheep - grower	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10.45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O'Nielson
(Physician or midwife)

Address Oakley Idaho

Filed 4/10 1922 A. F. O'Nielson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

SEVERAL REAS[illegible]Y A CERTIFICATE OF BIRTH SHOULD
[illegible]D FOR EACH CHI[illegible] COMPLETED WITH THE NAME

[illegible] this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City ....Oakley....
Street .....
County ....Cassia....

File Number ....101094....

Registration Dist. No. .....

Sex of Child ....Male....

Date of Birth ....Feb 18.... 1922

Father ....Chas. Ayde Dahlquist....
Full Name

Mother ....Zella May Day Dahlquist....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

....Gail Day Dahlquist....
Child's Name in Full

....Ayde Dahlquist....
Signature of Father or Mother

and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

226-117-016-444

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101095

County of Cassia

City of Oakley

No. ..... St. ..... Registration District No. 120 File No. XXVII

Hospital ..... Primary Registration District No. 2199 Registered No. 60

FULL NAME OF CHILD Charles A Skoro
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Febr 17 1922

What bactericidal solution was used in eyes? Ag. N. 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Anton Thos Skoro	FULL MAIDEN NAME	Reva Dummer
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Austria	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed 4/10 1922 A. F. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street: .....

County: Cassia

File Number: 101095

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Feb 17 1922.

Father: Anton T. Skoro (Full Name)

Mother: Rena Leona Dunn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charles Arthur Skoro

Child's Name in Full

Mrs A T Skoro

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

756-113-016-553

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101096

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 120 File No. XXVII

Hospital ..... Primary Registration District No. 2199 Registered No. 59

FULL NAME OF CHILD Kenneth George Lee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Feby 13 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? AgNO3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Knute K. Lee	FULL MAIDEN NAME	Guri K. Velta
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains M.D.

(Physician ~~or midwife~~)

Address Oakley, Idaho

Filed April 10 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AHO

IC WELFARE

RECEIVED
JUN 24 1922

Boise, Idaho, JUN 16 1922 192..

Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street:

County: Cassia

File Number: 101096

Registration Dist. No.: 16

Date of Birth: February 13 1922

Sex of Child: Male

Father: Knute K. Lee (Full Name)

Mother: Guri Knutson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Kenneth Georg Lee
Child's Name in Full

Mrs. Knute Lee
Signature of Father or Mother

FEB 1 0 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

APR 2 1954

APR 6 1954

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-110-016-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101097

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 123 File No. XX 211

Primary Registration District No. 249 Registered No. 58

FULL NAME OF CHILD Robert Orville Burns
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	-		-	Yes	Feby 10 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank Burns	FULL MAIDEN NAME	Luvina Janette Campbell
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Oakley Idaho

Filed 4/10 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 101097

Registration Dist. No. .....

Sex of Child Male

Date of Birth ..... 192....

Father ..... (Full Name)

Mother ..... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

MAR 4 1971

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.

AUG 31 1953

2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

419-106-016-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101098

County of Cassia

City of Oakley

No. ..... St. .....

Registration District No. 120 File No. XXVII

Hospital .....

Primary Registration District No. 5194 Registered No. 57

FULL NAME OF CHILD Ray Jay Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/		/	Yes	Feby 6 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? $AgNO_3$ 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Robert Ray Martin	FULL MAIDEN NAME	Ada Frances Jenkins
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains M.D.

(Physician or midwife)

Give names added from a supplemental report.

..... 19....

Registrar.

Address Oakley, Idaho

Filed 4/10 1922 H. F. O. Nielson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1948
SEP 28 1948

335-105-016-731

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Cassia

City of Land Ranch

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101099

No. ..... Registration District No. 1m File No. XXVII

Hospital ..... Primary Registration District No. 2194 Registered No. 56

FULL NAME OF CHILD Frank Oleen Clegg
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	-		-	Yes	Feby 5 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO 3 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Clegg	FULL MAIDEN NAME	Mary Smith Platt
RESIDENCE	Land Ranch	RESIDENCE	Land Ranch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Paint, M.D.

[illegible]rar.

RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1959

819-131-016-655

first name amend
12-14-83 dl

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Basin

No. ..... St.

Hospital .....

Registration District No. 120 File No. 191100

Primary Registration District No. 2199 Registered No. 55

FULL NAME OF CHILD ~~James~~ Arnold Keith Harper
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/		/	Yes	January 31 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO 3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Mayo Harper	FULL MAIDEN NAME	Mary Ella Overson
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.
(Physician ~~or midwife~~)

Address Oakley, Idaho

Filed 4/16 1922 R. E. Nelson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 12 1983

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF VITAL STATISTICS
DEC 13 2 37 PM '83

State of IDAHO,
County of CASSIA } ss.

Certificate No. 101100
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for James Keith Harper (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 31 1922 (Date of Event)
in Basin Cassia Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	James Keith Harper	Arnold K. Harper
		ARNOLD Keith HARPER

Subscribed and sworn to before me this 11 day of
DECEMBER, 1983.
Notary Public, Marni H. Smith
Residing at OAKLEY, ID. 83346
My commission expires DEC. 15, 1984
(Seal)

Arnold K. Harper
Signature of Applicant
Oakley Idaho 83346
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 copy pd with returned cc

2 CC Sent

Record of Blessing from LDS Church gives Arnold Keith Harper born Jan 31, 1922 in Cassia County to John Mayo Harper and Mary Ellen Overson blessed April 2, 1922. Viewed by V.S.

DEC 14 1983

Record of Baptism from LDS Church gives Arnold Keith Harper born Jan 31, 1922 in Cassia County to John Mayo Harper and Mary Ellen Overson was baptised April 30, 1932. Viewed by V.S.

419-125-016-136

[redacted]IRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

101101

CERTIFICATE OF BIRTH

[redacted]ria

City of [redacted]ley

No. ..... St.

Registration District No. 120 File No. XXVII

Hospital ..... Primary Registration District No. 2[illegible]9 Registered No. 54

FULL NAME OF CHILD Jack C. Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan (Day) 25 (Year) 1922
male		yes	

What bactericidal solution was used in eyes? Ag. No. 3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Barley Martin	FULL MAIDEN NAME	Ethel Critchfield
RESIDENCE	Oakley Id.	RESIDENCE	Oakley Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson
Oakley Id.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address

Filed April 10 1922 A. F. O. Nielson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/30/41

144-224-016-795

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101102

County of Canyon

City of Caldwell

No. ..... St.

Hospital

Registration District No. 12a

Primary Registration District No. 2199

File No. XX-11

Registered No. 53

FULL NAME OF CHILD STELLA Judd

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		3	yes	Jan. 24 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Sterling Judd	FULL MAIDEN NAME Angelina Prescott
RESIDENCE Caldwell Rd	RESIDENCE Caldwell Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Tennessee	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Anderson

(Physician or midwife)

Address Caldwell Ida

Filed Jan 24 1922 W. A. Anderson

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 101102
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for unnamed Judd (Name on original certificate) who was born (Was born or died) on Jan. 24, 1922 (Date of event)
in Oakley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Record (Bible record, insurance policy, etc.) prepared on 1922 (1922) (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Judd	Stella Judd

Subscribed and sworn to before me this 2nd
day of February, 19 42
Henry W. Tucker
Notary Public, residing at Burley, Idaho
My commission expires June 1, 1942
[SEAL]

Signed Elza Angeline Prescott Judd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

X Signed Eliza Loveland
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

553-224-016-764

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101103

County of Owyhee
City of Oakley
No. ____ St.
Hospital ____

Registration District No. 120
Primary Registration District No. 269
File No. XXII
Registered No. 53

FULL NAME OF CHILD Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Jan 24 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth: 4 — Number of child of this mother now living, including present birth: 4

FATHER		MOTHER	
FULL NAME	Clarence Nelson	FULL MAIDEN NAME	Vera Poulton
RESIDENCE	Oakley Ida	RESIDENCE	Oakley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1.25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Nelson
Oakley Ida
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4/10 1922 W. P. Nelson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-217-016-994

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

101104

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXVII

Primary Registration District No. 299

Registered No. 57

FULL NAME OF CHILD Ada Louise Garvin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	✓		✓	Yes	Jany	17	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	William Main Garvin	FULL MAIDEN NAME	Louise Rimington
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.
(Physician or midwife)

Address Oakley Ida

Filed 4/11 1922 A. T. Nelson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street: .....

County: Cassia

File Number: 101104

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: January 17th 192.2

Father: W[redacted]n Garvin
Full Name

Mother: Louise Rimington G.
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ada. Louise. Garvin.
Child's Name in Full

W. M. Garvin.
Signature of Father or Mother

... THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are coming to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

435-107-016-399

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101105

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 120 File No. XXVII

Hospital ..... Primary Registration District No. 2199 Registered No. 50

FULL NAME OF CHILD Jack Olen McEvers
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Jan 7 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Reuben McEvers	FULL MAIDEN NAME	Della Critchfield
RESIDENCE	Oakley Id.	RESIDENCE	Oakley Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7.15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. O. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed 4/10 1922 N. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street:

County: Cassia

File Number: 101105

Registration Dist. No.:

Date of Birth: Jan. 7 192.2

Sex of Child: Male Yes

Father: Charles Reuben McEvers (Full Name)

Mother: Della May Critchfi... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jack Allen McEvers (Child's Name in Full)

C. R. McEvers (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

141-207-016-669

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

101106

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. XXVII

Primary Registration District No. 2 Registered No. 49

FULL NAME OF CHILD Ruth Adams
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan (Day) 7 (Year) 1922
female		yes	

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Rome Adams	FULL MAIDEN NAME	Sarah Worthington
RESIDENCE	Oakley Id	RESIDENCE	Oakley Id
COLOR	white AGE AT LAST BIRTHDAY 32 (Years)	COLOR	white AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12.15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A H O Nielson
Oakley Id
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed April 10 1922 A H O Nielson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERT
D FOR EACH CHILD AND THE SAME

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Oakley
- ~~Street~~ Box 122
- County: Cassia Co.

File Number: 101106

Registration Dist. No.:

Date of Birth: January 7 1922

Sex of Child: Female

Father: Rome Adams
Full Name

Mother: Sarah Worthington
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ruth Adams
Child's Name in Full

Sarah W. Adams
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

414-204-016-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

101107

County of Cassia

City of Oakley

No. ..... St.

Hospital

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. XXVII

Primary Registration District No. 2199 Registered No. 48

FULL NAME OF CHILD Geraldine Matthews
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Jan 4 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Earl Matthews	FULL MAIDEN NAME	Agnes Martin
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12.35 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed Jan 4 1922 A. G. Nielson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 21 1954

412-101-016-156

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101108

Registration District No. 120 File No. XXVII

Primary Registration District No. 2199 Registered No. 47

FULL NAME OF CHILD Mabey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Jan 1 1922

What bactericidal solution was used in eyes? Ag. No. 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Don Mabey	FULL MAIDEN NAME	Verne Jewke
RESIDENCE	Oakley Id.	RESIDENCE	Oakley Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4.30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. O. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed 4/10 1922 H. F. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-127-017-693

[redacted]CE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 23 19[redacted]
BUREAU OF VITAL STATISTICS

County of Clark

City of Dubois

Registration District No. 125 File No. 101109

No. ..... St.

Hospital Home Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Arthur Dale Albritsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Apr	27	1922

	FATHER	MOTHER
FULL NAME	Arthur A. Britsen	FULL MAIDEN NAME Esther Wilson
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	28 (Years)
BIRTHPLACE	Denmark	Idaho
OCCUPATION	RR Employe	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12.20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed Apr 27 1922 C E Jones MD Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

330-722-011-551

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City or Town Spencer P.O

Registration District No. 125 File No. 101110

No. ..... St.

Hospital Home

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Byron K. Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Jan	22	1922

FATHER		MOTHER	
FULL NAME	Daniel W Thomas	FULL MAIDEN NAME	Mary E Evans
RESIDENCE	Spencer PO	RESIDENCE	Spencer PO
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) C E Jones M.D
(Physician or midwife)

Address Dubois Idaho

Filed Jan 22 1922 C E Jones M.D Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED JUN 27 1922 BUREAU OF VITAL STATISTICS

JUN 1 P 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Dubois

Street: .....

County: Clark

File Number: 101110

Registration Dist. No. .....

Date of Birth: April 22 1922

Sex of Child: Male

Father: Daniel Waylett Thomas (Full Name)

Mother: Mary Elizabeth Evans (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Byron K. Thomas (Child's Name in Full)

Mary E. Thomas (Signature of Father or Mother)

DEC 3 1952

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

962-106-017-895

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Clark

City of Dubois

Registration District No. 125 File No. 101111

No. ..... St.

Hospital Home

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Bruce McNeil ~~Thomson~~ Robertson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	1922 (Year)
Male				Yes	Apr.	6	

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl T. Robertson	Blanche M. Miller
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	26 (Years)
BIRTHPLACE	Wash.	Wash.
OCCUPATION	Contractor	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) C E Jones M.D.
(Physician or midwife)

Address Dubois Idaho

Filed Apr 6 1922

C E Jones M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLA[redacted]

RECEIVED
MAY 27 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Ahsahka

218-103-018-622

Registration District No. 90

File No. 101112

No. ..... St.

Primary Registration District No. 2168

Registered No. 13

Hospital .....

FULL NAME OF CHILD Roy Lewis Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	2/3 1922

FATHER		MOTHER	
FULL NAME	Lewis William Taylor	FULL MAIDEN NAME	Dolly Fay Osborne
RESIDENCE	Ahsahka Ida	RESIDENCE	Ahsahka Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 40 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle M Horswell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

Filed May 1 1922

J M Farley

Registrar

Registrar

S-Y-CO 38071

613-101-018-296

PLACE OF BIRTH

RECEIVED
MAY 27 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Grier

Registration District No. 40

File No. 101113

No. _____ St.

Primary Registration District No. 2168

Registered No. 12

Hospital _____

FULL NAME OF CHILD Lyle Basil Walston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	March 1 1922

FATHER		MOTHER	
FULL NAME	Guy Walston	FULL MAIDEN NAME	Edith Brown
RESIDENCE	Grier Ida	RESIDENCE	Grier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~) at 11 53 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile W Horswell
(Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Filed May 1 1922 J. M. Fairley Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 22 1963

793-210-018-766

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Lenore

Registration District No. 10

File No. 101114

No. ..... St.

Primary Registration District No. 2168

Registered No. 12

Hospital

FULL NAME OF CHILD Audrey Jean Gillespie

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl				yes	Mar. 10 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John C Gillespie	FULL MAIDEN NAME	Mary M. Powell
RESIDENCE	Lenore R.F.D.	RESIDENCE	Lenore Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric W Horswell
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

Filed May 1 1922 J M Fairly
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

685-207-018-114

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 27 1922
BUREAU OF VITAL STATISTICS

County of Clearwater

City of Ahsahka

No. ..... St.

Hospital .....

Registration District No. 90

Primary Registration District No. 2168

File No. 101115

Registered No. 15

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	April 7 1922

FATHER		MOTHER	
FULL NAME	Harry Wheeler	FULL MAIDEN NAME	Ida James
RESIDENCE	Ahsahka Ida	RESIDENCE	Ahsahka, Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Idaho

..... Registrar

Filed Apr 8 1922

J. M. Fairley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

298-222-018-245

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

RECEIVED
MAY 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 90

File No. 101116

Primary Registration District No. 3768

Registered No. 16

FULL NAME OF CHILD Neva Beatrice Bryant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	April 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hamilton Bryant	FULL MAIDEN NAME	Mamie Sumter
RESIDENCE	Orofino Idaho	RESIDENCE	Orofino Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Idaho

..... Registrar

Filed Apr 23 1922 J. M. Fairly Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
1922
VITAL
STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN. 14 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arofino

File Number: 1011

Registration Dist. No.:

Sex of Child: Female

Date of Birth: April 22 192 2

Father: Hamilton Bryant (Full Name)

Mother: Mamie Sumpter (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Neva Beatrice Bryant (Child's Name in Full)

Mrs Hamilton Bryant (Signature of Father or Mother)

APR 5 1961

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

433-123-018-432

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 27 1922
BUREAU OF VITAL STATISTICS

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90

File No. 101117

Primary Registration District No. 2168

Registered No. 17

FULL NAME OF CHILD Leslie Hugh McLean

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer McLean	FULL MAIDEN NAME	Maria McKinney
RESIDENCE	Russell, Idaho	RESIDENCE	Russell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 55 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McFarlane

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

..... Registrar

Filed Apr 23 1922 J. McFarlane Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 26 1922
BUREAU OF VITAL

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Orofino

Place of Birth — Street: .....

Place of Birth — County: Clearwater

File Number: 101117

Registration Dist. No. .....

Date of Birth: April, 23 192 2

Sex of Child: Male

Father: Robert Elmer McLean (Full Name)

Mother: Irma Muriel McKinney (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leslie Hugh McLean
Child's Name in Full

Robert Elmer McLean
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

815-126-018-792

PLACE OF BIRTH

County of Clearwater

City of Gilbert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 27 1922
BUREAU OF VITAL STATISTICS

Registration District No. 91

File No. 101118

Primary Registration District No. 2168

Registered No. 18

FULL NAME OF CHILD Dale Hancock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jasper N Hancock	FULL MAIDEN NAME	Sylvania L. Gibson
RESIDENCE	Gilbert Ida	RESIDENCE	Gilbert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:55 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairley

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Idaho

Filed Apr 27 1922 J. M. Fairley

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

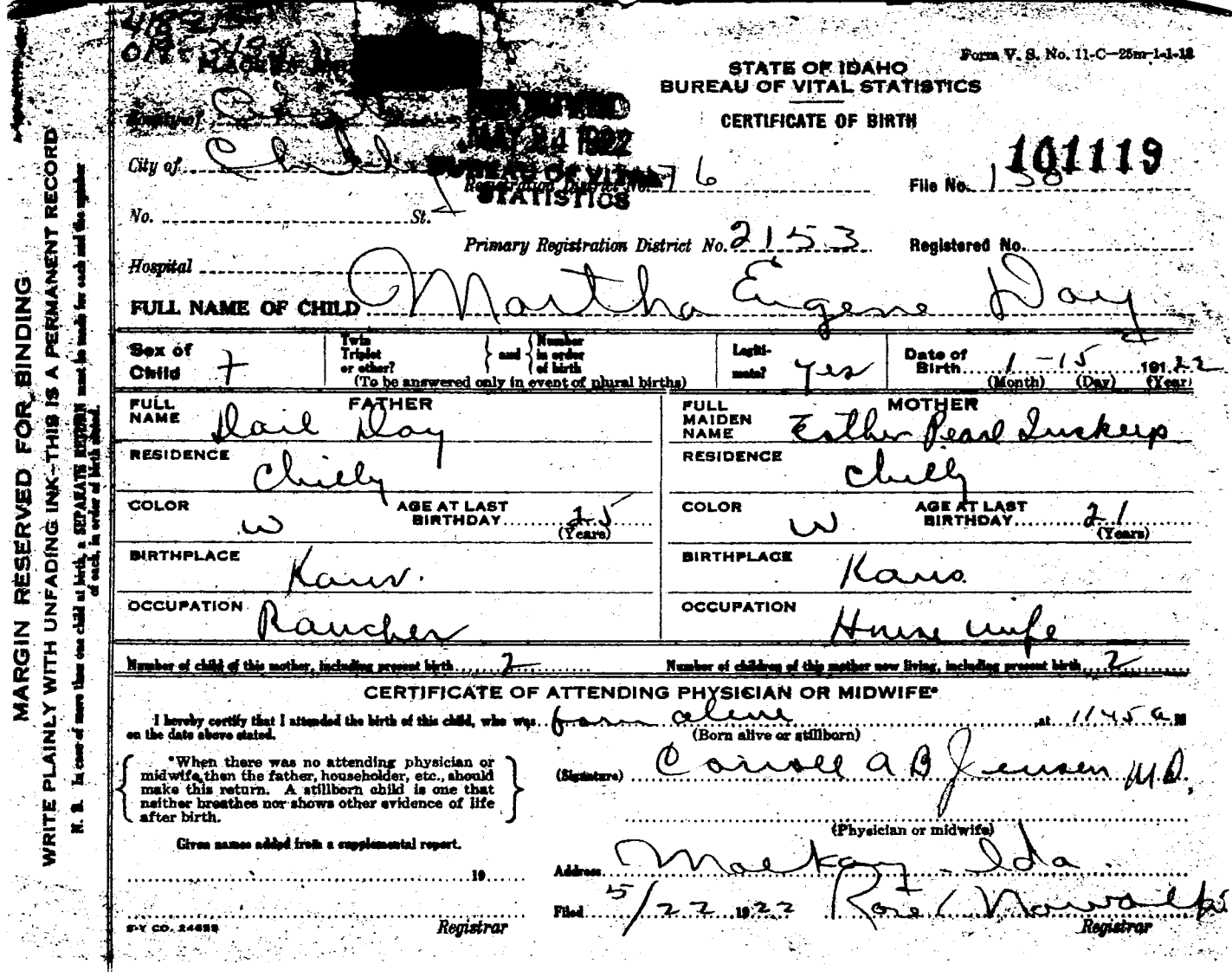
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 7 1956
DEC 5 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAY 24 1922 BUREAU OF VITAL STATISTICS

County of [illegible]

City of Chilly

Registration District No. 76

File No. 101119

No. ..... St.

Primary Registration District No. 2153

Registered No. .....

Hospital .....

FULL NAME OF CHILD Martha Eugene Day

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	1 (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Dail Day	FULL MAIDEN NAME	Esther Pearl Inskeep
RESIDENCE	Chilly	RESIDENCE	Chilly
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Kans.
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1145 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carroll A B Jensen M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

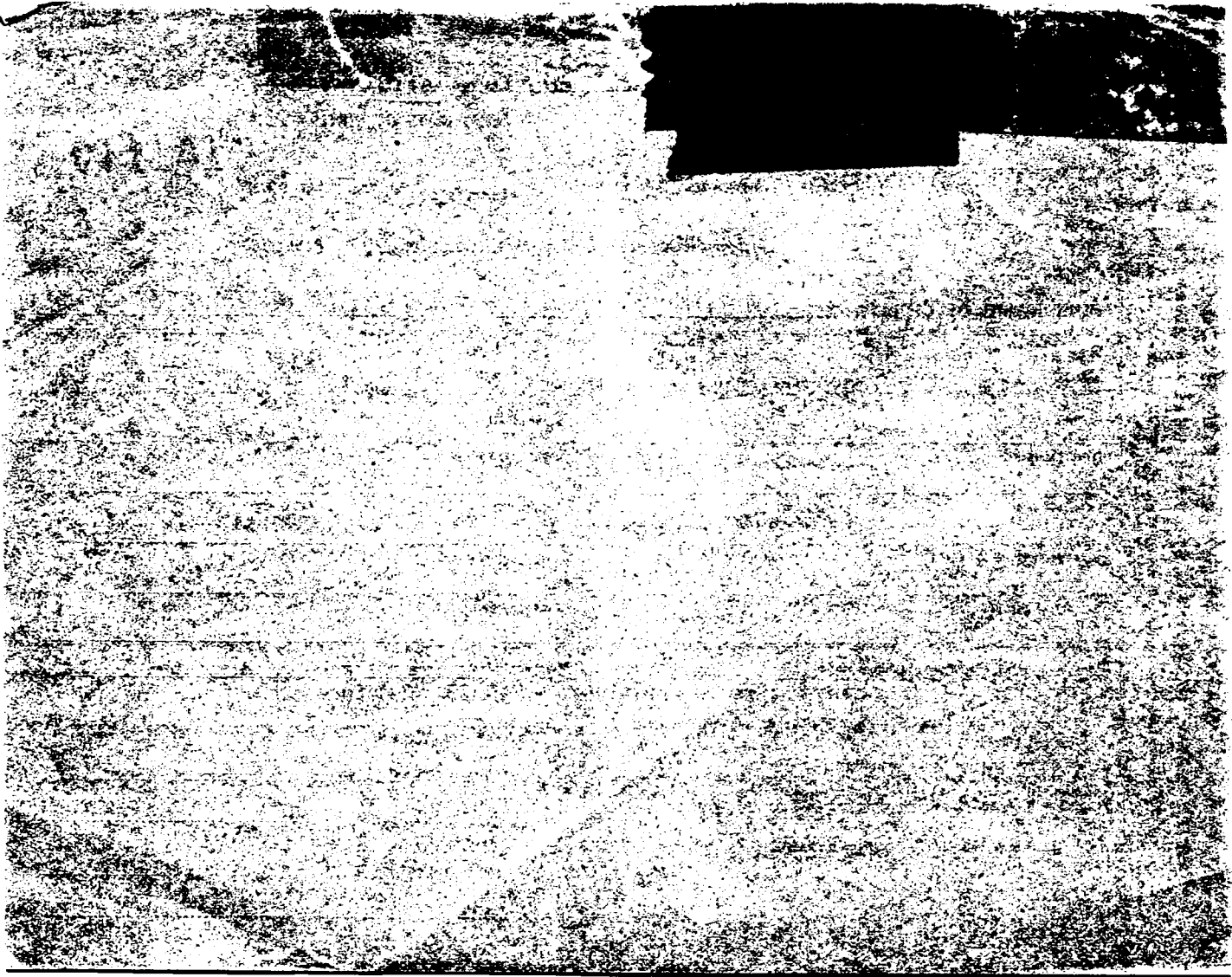
Address Mackay Ida

Filed 5/22 1922 Rose C Nowalski

Registrar

Registrar

S-Y CO. 24622



336-215-019-693

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

RECEIVED MAY 24 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101122

County of Cuyahoga

City of Chilly

Registration District No. 76 File No. 153

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Verle Deseret Clowar[redacted]

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	1-15 (Month) (Da[redacted]

FATHER		MOTHER	
FULL NAME	Isaac Lee Cloward	FULL MAIDEN NAME	Jessie Wilson
RESIDENCE	Chilly	RESIDENCE	Chilly
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carrie A B Jensen M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malkay - Idaho

Filed 5/22 1922 Roe Nowalk

Registrar Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1971

APR 5 1974

314-212-019-415

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH Custer

RECEIVED MAY 24 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

101123

County of Leslie

City of

No. St.

Hospital

Registration District No. 76 File No. 134

Primary Registration District No. 2153 Registered No.

FULL NAME OF CHILD Donna Lambson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan-12 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Allan Booz Lambson	FULL MAIDEN NAME	Ina Manson
RESIDENCE	Leslie	RESIDENCE	Leslie
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	House-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 545 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carroll A B Jensen M D

(Physician or midwife)

Given names added from a supplemental report.

19

Address Malkay - Idaho

Filed 5/22 1922 Rose Nowalski

Registrar

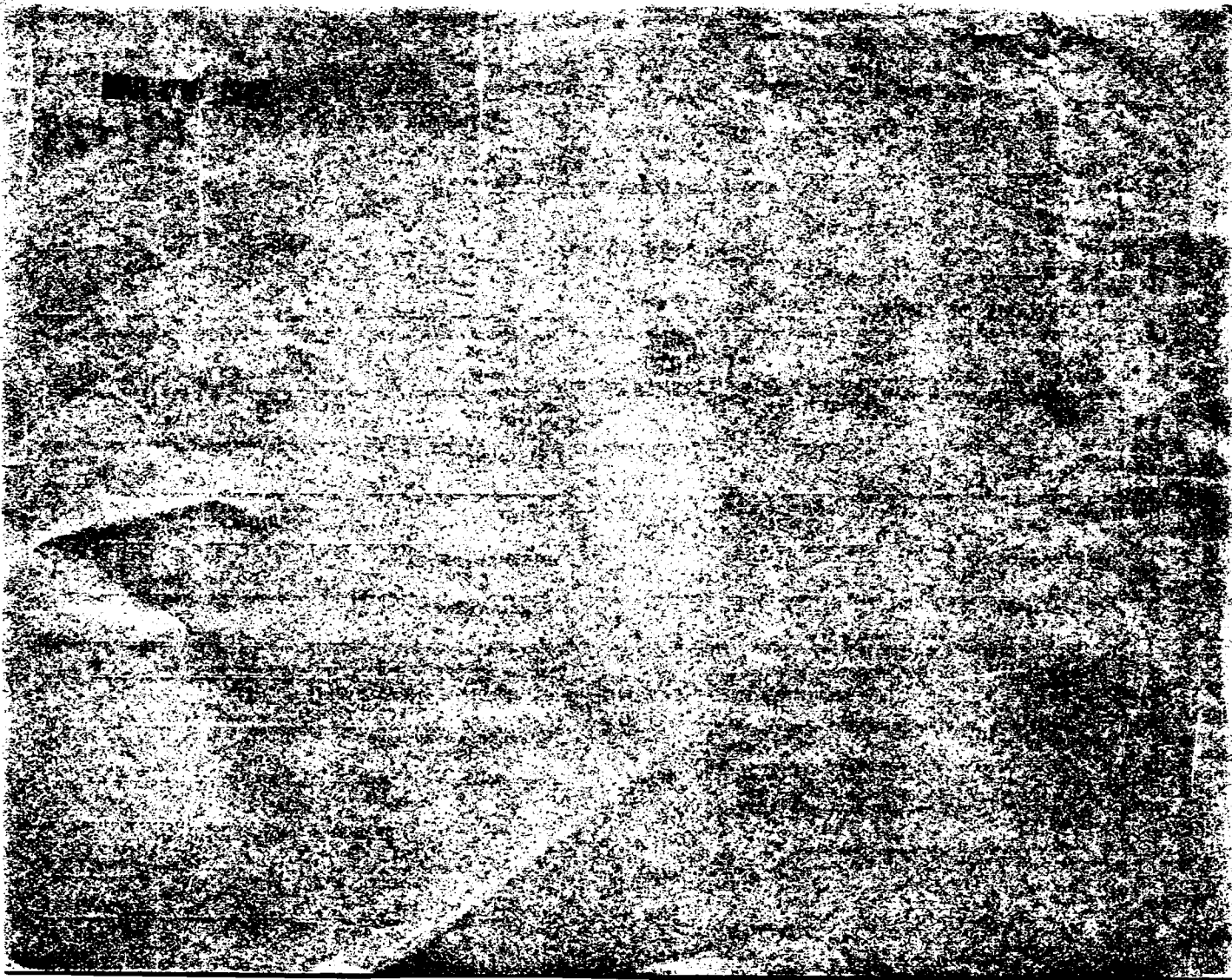
Registrar

8-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



643-217-019-354

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
MAY 24 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101124

County of Custer

City of Leslie

Registration No. 76 File No. 135

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Emma Beth Fulton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				Yes	Mar. 17 1922

FATHER		MOTHER	
FULL NAME	Fred F. Fulton	FULL MAIDEN NAME	Ora Lemmon
RESIDENCE	Leslie - Idaho	RESIDENCE	Leslie - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	California	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:45A. M. on the date above stated.

(Signature) Mrs. Lola Evans

Midwife (Physician or midwife)

Address Malad - Idaho

Filed 5-22-1922 Rae Norvell Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

366-209-019-994

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Custer

City of Leslie

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 24 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101125

Registration District No. 76 File No. 136

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Jean Cooke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	1 (Month) - 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Sterling F. Cooke.	FULL MAIDEN NAME	Nellie May Ridd
RESIDENCE	Leslie Ida	RESIDENCE	Leslie
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 145 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carroll A B Jensen M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malkay Idaho

Filed 5/22 1922 Rose Nowack

Registrar

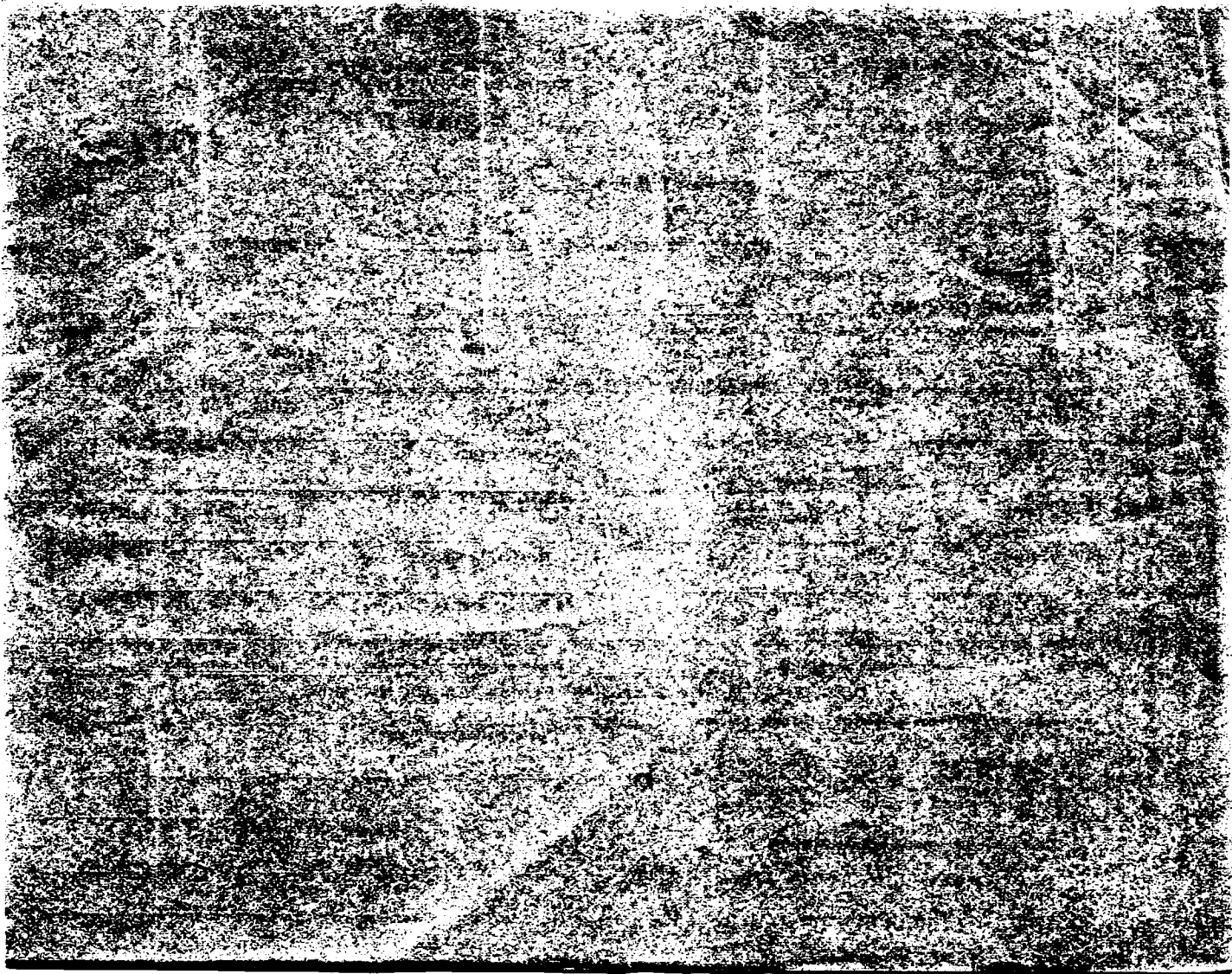
Registrar

5-7 CO. 24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



418-228-020-154

[redacted]

PLACE OF BIRTH

County of Elmore

City of King Hill

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-8-17

CERTIFICATE OF BIRTH

101127

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Lilly May Dahlberg

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Twin	first	Yes	4 - 28 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Victor C. Dahlberg	Anna Anderson
RESIDENCE	King Hill	King Hill
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Minn.	Sweden
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Glenns Ferry

Filed May 9 1922

[signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-228-020-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of King Hill

No. ..... St.

Hospital .....

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

Registration District No. .....

Primary Registration District No. .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

File No. 101128

Registered No. .....

FULL NAME OF CHILD Lolla Rose Dahlberg

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	Twin		Second	Yes	4 - 28 - 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Victor E. Dahlberg	FULL MAIDEN NAME	Anna Anderson
RESIDENCE	King Hill	RESIDENCE	King Hill
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

[signature] M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Glenn's Ferry

Filed May 9 1922 [signature]
Registrar

714-104-020-262

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Elmore

City of Glenns Ferry

No. ..... St.

Hospital .....

Registration District No. .....

File No. 101129

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD William Pankovich

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	May 4 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Antone Pankovich	FULL MAIDEN NAME	Maria Koschak
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Jugo Slavia	BIRTHPLACE	Jugo Slavia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Pond M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Glenns Ferry

Filed May 23 1922

J J Pond
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 22 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN. 16 1922

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Glenns Ferry Idaho

Street: .....

County: Ogden

File Number: 101129

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: May 4th 1922

Father: Anton Pavkovich (Full Name)

Mother: Julia Mosak (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William Pavkovich
Child's Name in Full

Mrs Julia Pavkovich
Signature of Father or Mother

SEP 10 1942 SEP 18 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

993-125-020-295

PLACE OF BIRTH

County of Elmore

City of Glenns Ferry

No. ..... St.

Hospital .....

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-[illegible]

Registration District No. .....

File No. 101130

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Lawrence Alvin Rice

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Apr 25 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alvin Vincent Rice	FULL MAIDEN NAME	Effie King
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Pond M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Glenns Ferry

Filed May 23 1922

Registrar

J J Pond
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1942
JAN 31 1942
FEB 19 1944

253-225-020-258

Form V. S. No. 11-C—25m-8-5-17

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Elmore

City of Glenns Ferry — Registration District No. ..... File No. 101131

No. ..... St. — Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Florence Iona Belknap

Sex of Child	Twin / Triplet / or other?	and	Number in order of birth	Legitimate?	Date of Birth
F				Yes	April 25 (Month) (Day) 22 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lee Belknap	FULL MAIDEN NAME	Florence Snyder
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ills	BIRTHPLACE	New York
OCCUPATION	RR Switchman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L J Pond MD

(Physician or midwife)

Address Glenns Ferry Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 6 1922

L J Pond Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1951

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Glenns Ferry

No. ..... St.

Registration District No. 35

File No. 101132

Hospital .....

Primary Registration District No. 2021

Registered No. .....

FULL NAME OF CHILD Sherwood Sterling Gibbs
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Ve				Yes	Apr 3 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver 5%

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Wm E Gibbs	FULL MAIDEN NAME	Hattie M. Siroky
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Mo	BIRTHPLACE	Bohemia
OCCUPATION	Truck driver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Pond M D

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Glenns Ferry Idaho

Filed June 1st 1922 J. W. Davis M. D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

AUG 4 1960

354-110-020-962

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 35 File No. 101183

No. ..... St.

Primary Registration District No. 2021 Registered No. .....

Hospital .....

FULL NAME OF CHILD Unnamed Premature Ledbetter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Single		B	Yes	4 (Month) - 10 (Day) - 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C T Ledbetter	FULL MAIDEN NAME	Jewel Rose
RESIDENCE	Hammett Ida.	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Ark	BIRTHPLACE	Ark
OCCUPATION	Ranching	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Evans

M D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

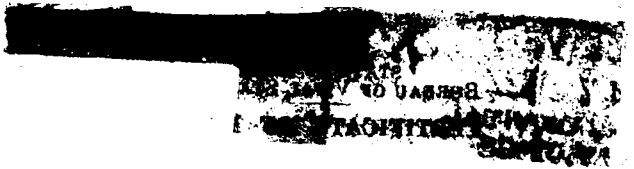
Filed June 1st 1922 J. W. Davis Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



255-104-029-[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Glenns Ferry

No. ..... St.

Hospital .....

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration No. 35

File No. 101134

Primary Registration District No. 2021

Registered No. .....

FULL NAME OF CHILD Kenneth Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	5		5	Yes	May 4 1922

FATHER		MOTHER	
FULL NAME	Walter Lee Lewis	FULL MAIDEN NAME	Blanche Allen
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	W Va
OCCUPATION	R. R. Yardmaster	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M. D.

(Physician or midwife)

Address Mountain Home Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 10 1922

[signature] Registrar

613-106-020-355

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Elmore

City of Glenns Ferry

Registration District No. 35

File No. 101135

No. ..... St.

Primary Registration District No. 2821

Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald Ira Watts

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	Yes	May 6 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ira Wm Watts	FULL MAIDEN NAME	Kathryn Tennant
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Wyoming
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:55 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Pond M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Glenns Ferry

Registrar

Filed June 1 1922 J. W. Davis Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1960

145-208-020-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Elmore

City of Glenns Ferry

No. ..... St.

Hospital .....

RECEIVED JUN 7 192 BUREAU OF V STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 35 ..... File No. 101136

Primary Registration District No. 2021 ..... Registered No. .....

FULL NAME OF CHILD ..... Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	May 8 1922

FATHER		MOTHER	
FULL NAME	Carl Anderson	FULL MAIDEN NAME	Esther Moscrip
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Iona
OCCUPATION	Ry Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Fred W. D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Glenns Ferry Ida

..... Registrar

Filed June 1 1922 J. W. Doris Registrar

962-116-020-412

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—2Km-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Elmore

City of Glenns Ferry

Registration District No. 35

File No. 101137

No. ..... St.

Primary Registration District No. 2021

Registered No. .....

Hospital .....

FULL NAME OF CHILD Rolland Robert Robinett

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	Twin	3	Yes	May 16 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lyman Theodore Robinett	FULL MAIDEN NAME	Martha Mahr
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Brest, France
OCCUPATION	Plasterer	OCCUPATION	H Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:10 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Long M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Glenns Ferry

Registrar

Filed June 1 1922 J. W. Davis
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1940

814-217-020-289

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenns Ferry

No. ..... St. Registration No. 36 File No. 101138

Hospital ..... Primary Registration District No. 2026 Registered No. .....

FULL NAME OF CHILD Mary Yamaoka Yamaoka

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin	6	Yes	May 17 1922

What bactericidal solution was used in eyes? Silver 5%

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry K. Yamaoka	Toki Yamazaki
RESIDENCE	Glenns Ferry	Glenns Ferry
COLOR	Yellow	Yellow
AGE AT LAST BIRTHDAY (Years)	38	38
BIRTHPLACE	Japan	Japan
OCCUPATION	Restaurant Prop.	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live Born (Born alive or stillborn), at 6.00 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Ford M.D.

(Physician or midwife)

Address Glenns Ferry Idaho

Filed June 1st 1922 J. W. Dorris

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 copies
1st copy issued 1/13/41/ L. B.

294-118-020-933

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenns Ferry

No. ..... St. Registration District No. 35 File No. 101139

Hospital ..... Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD Arthur Lewis

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 18 1922

What bactericidal solution was used in eyes? Silver 1-2%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hugh Newton Lewis	Margaret Mc Allen
RESIDENCE	Glenns Ferry	Glenns Ferry
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	28
BIRTHPLACE	Ind.	Ind.
OCCUPATION	Ry fireman	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male, at 4:10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Long

(Physician or midwife)

Address Physician

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed June 1 1922 J. W. Doris Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

968-123-020-592

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

County of Elmore

City of Elmore's Fm Registration District No. 35

File No. 101140

No. ....., ... St.

Primary Registration District No. 2021

Registered No. .....

Hospital .....

FULL NAME OF CHILD Paul Rohay

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Single (To be answered only in event of plural births)	9	yes	May (Month) 23d (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Steve Rohay	FULL MAIDEN NAME	Annie Nisky
RESIDENCE	Elmore's Fmy Idaho	RESIDENCE	Elmore's Fmy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Austro Hungary	BIRTHPLACE	Austro Hungary.
OCCUPATION	Machinist Helper O.S.L.R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was May 23, 1922, at 5:30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Elmore's Fmy Idaho

Filed June 1st 1922 J. W. Davis

Registrar

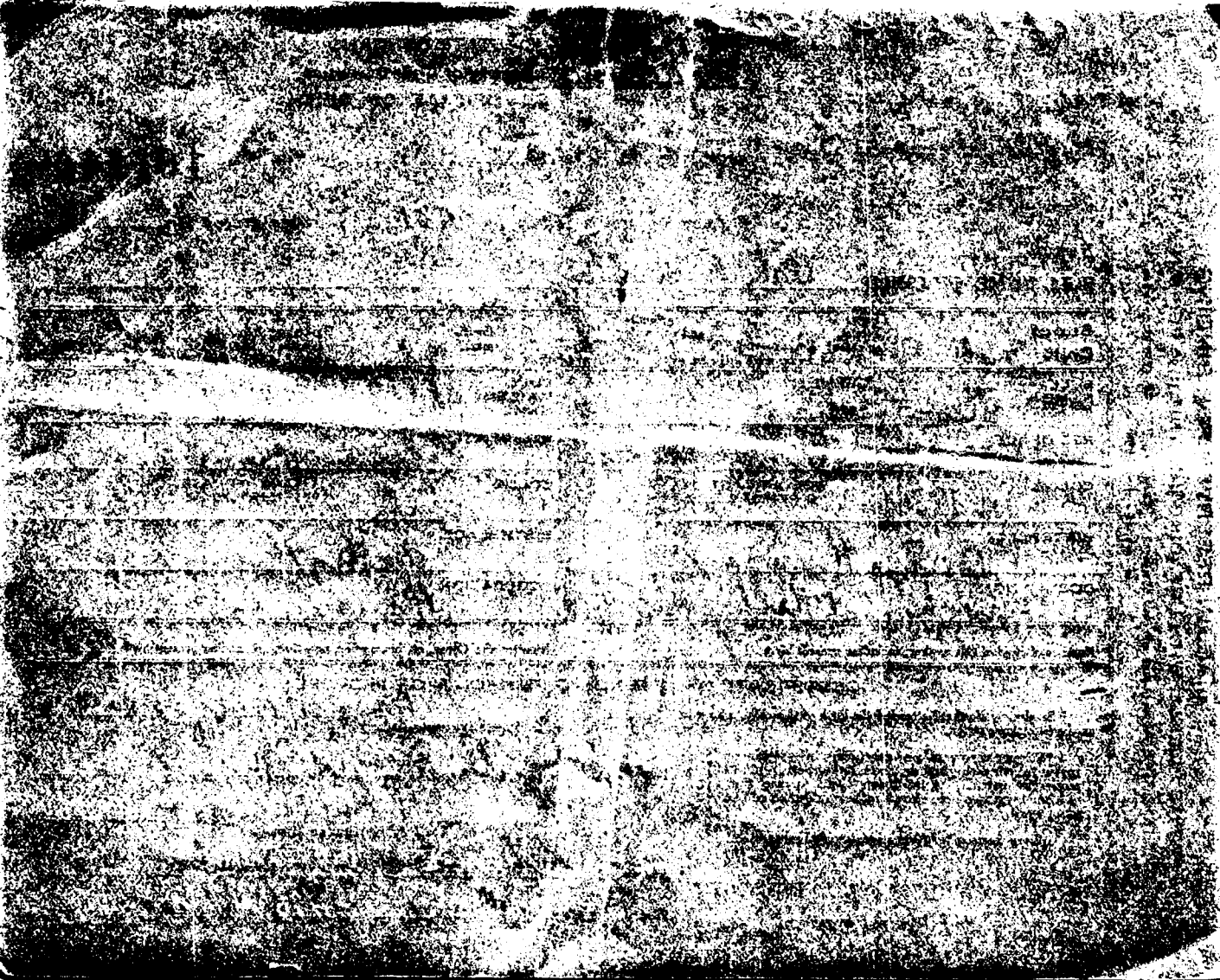
Registrar

S-Y CO., 16869

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



293-127-020-000

Form V. S. No. 11-C—25m-7-21-19

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 101141

No. ..... St.

Primary Registration District No. 2020 Registered No. 18

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	4 (Month) - 27 (Day) - 1922 (Year)

FATHER		MOTHER	
FULL NAME	Nic Sillonis	FULL MAIDEN NAME	
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheep man	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home

Filed 6-1-1922 T E Evans
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HOLD MOTHERS NAME

296-210-020-763

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

Registration District No. 34 File No. 101143

No. ____ St. ____

Primary Registration District No. 2020 Registered No. 20

Hospital ____

FULL NAME OF CHILD Lynela Brooks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	5 — 10 — 1922

FATHER		MOTHER	
FULL NAME	Guy Lynn Brooks	FULL MAIDEN NAME	Gruna Polishka
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Siberia
OCCUPATION	Sheep man	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 10A M. on the date above stated.

(Signature) J E Evans

MD
(Physician or midwife)

Address Mtn Home Ida

Filed June 1 1922 J E Evans
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

Dep of 1922 - 103877

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 10 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of v ance to have the full name included in the record. Kindly fill in the information requested in the l and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STAT

Place of Birth — City: Mountainhome

Street:

County: Elmore

File Number: 101143

Registration Dist. No.:

Sex of Child: Female

Date of Birth: May 16th

Father: Gary Lynn Brooks (Full Name)

Mother: Gennia American (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named: Lynda Lynda Brooks

Child's Name in Full

Mrs G. L. Brooks

Signature of Father or

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

513-218
020-251

PLACE OF BIR[redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JUN 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 101144

No. ..... St.

Primary Registration District No. 2020 Registered No. 21

Hospital .....

FULL NAME OF CHILD Betty Jane Eaton

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 18 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Glenn L. Eaton	FULL MAIDEN NAME	Laura Iris Bean
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Wisconsin
OCCUPATION	R R, Section Foreman	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Mtn Home Ida

Registrar

Filed 6-1-1922

T E Evans
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 5 1943

Dcyp of 1922 - 103876

245-130 021-764

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
[redacted]NT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECE[redacted]
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Franklin
City of Preston
No. ..... St.
Hospital .....

CERTIFICATE OF BIRTH

101145

Registration District No. 27 File No. .....
Primary Registration District No. 2119 Registered No. 92

FULL NAME OF CHILD Dean Swenston
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	Twin		2	yes	Apr	30	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Ryphi C Swenson	FULL MAIDEN NAME	Josephine Godfrey
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Confectioner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalve at 5-10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Preston Idaho

Filed 5-4 1922 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 168-114-021-219

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

11-C—25m-9-8-17

County of Franklin

City of Preston

No. R. F. D. #2 St.

Hospital

Registration District No. 27

Primary Registration District No. 2119

File No. 101146

Registered No. 101

FULL NAME OF CHILD Richard. B. Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	April 14 1922

FATHER		MOTHER	
FULL NAME	Louis Johnson,	FULL MAIDEN NAME	Dorothy Barker,
RESIDENCE	Preston R.- 2	RESIDENCE	Preston R.-2.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Preston Ida.	BIRTHPLACE	Pennsylvania,
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8:05 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston Ida.

19

Registrar

Filed 5-2 1922 Mrs. Ida Tippets Registrar

[redacted]

653-116-021-318

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

~~STATE OF IDAHO~~
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

RECEIVED
[illegible] 23 1922
BUREAU OF VITAL STATISTICS

Registration District No. 27

File No. 101147

Primary Registration District No. 2119

Registered No. 102

FULL NAME OF CHILD Warren Ephriam

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	April 16 1922

FATHER		MOTHER	
FULL NAME	Alphred E. Wells.	FULL MAIDEN NAME	Jessie Taylor.
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Preston Ida.	BIRTHPLACE	Fairview Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 11:35 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Filed 5-5 1922 Mrs Ida Tippets Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-108-021-318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Franklin

City of Presto Ida. Registration District No. 27 File No. 101148

No. ..... St. Primary Registration District No. 2119 Registered No. 105

Hospital .....

FULL NAME OF CHILD Dale Earl Talbot

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	April 8 1922

FATHER	MOTHER
FULL NAME: Clarence Earl Talbert.	FULL MAIDEN NAME: Mary Taylor.
RESIDENCE: Preston Ida.	RESIDENCE: Preston Ida.
COLOR: White. AGE AT LAST BIRTHDAY: 28 (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Kaysville Utah.	BIRTHPLACE: Winder Ida.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slater

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston Ida.

Filed 5-5 1922 Mrs. Ida Tuppets Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1922

JUN 16 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Preston; Street ..... County Franklin

File Number 101148

Registration Dist. No. 18

Date of Birth April 8 1922

Sex of Child Male

Father Clarence Earl Talbot
Full Name

Mother Mary Elizabeth Taylor
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Dale Earl Talbot
Child's Name in Full

Mrs Clarence Talbot
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

435-205-021-415

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF ...
ST...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. 27

File No. 101149

Primary Registration District No. 2119

Registered No. 106

FULL NAME OF CHILD Virginia.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female.		Yes.	Apr. 5 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wells McEntire.	FULL MAIDEN NAME	Ida M. Davis.
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ogden Utah.	BIRTHPLACE	St Anthony Idaho.
OCCUPATION	Postmaster.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7:30P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Registrar

Filed 5-5 1922 Mrs. Ida Tippets Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SSI-104-021-414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston Ida.

No. ..... St.

Hospital .....

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-27

Registration District No. 27

File No. 101750

Primary Registration District No. 2119

Registered No. 107

FULL NAME OF CHILD Ross Maughan Weaver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		Yes.	April 4 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sylvan G. Weaver.	FULL MAIDEN NAME	Mattie Maughan.
RESIDENCE	Whitney Ida.	RESIDENCE	Whitney Ida.
COLOR	White. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Millville Utah.	BIRTHPLACE	Logan Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 3:45A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Registrar

Filed 5-5 1922 Mrs Ida Lippels Registrar

2 7 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
FEB 6 9 21 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 101150

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Weaver (Name on Original Certificate) who was born (Was Born or Died) on April 4, 1922 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Weaver	Ross Maughan Weaver

Subscribed and sworn to before me this 7th day of February, 19 72

Notary Public, residing at Preston, Idaho

My commission expires 4-20-74

(Seal)

Signed Grant Mn. Weaver
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

1 cp pd

Certificate of Ordination gives name as Ross Maughan Weaver of Oak Hills 2nd Ward. gives name Ross Maughan Weaver. Ordained Jan 18, 1972. by Stake Pres. Emmett Olson
Viewed by V.S

FEB 8 1972

Certificate of Blessing certified that Ross Maughan Weaver son of Sylvan Weaver and Edna Harriet Maughan was born April 4, 1922 at Preston, Idaho. Blessed May 7, 1922 in L.D.S.Church.

Reserve Officers Training Corps, Utah State Agricultural College, Logan Utah
Certificate gives name as Ross Maughan Weaver Received Commission of First Lieutenant on Dec. 2, 1949.
Viewed by V.S.

155-130-021-313

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
Registration District No.

File No. 101151

County of Franklin
City of Preston
No. ..... St. .....
Hospital .....
Primary Registration District No. 2119
Registered No. 189

FULL NAME OF CHILD Ora Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Mar. 30, 1922

What bacterieidal solution was used in eyes? Silver Nitrate Sol. 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ernest Antone Jensen	FULL MAIDEN NAME	Felicia Catherine
RESIDENCE	Preston Idaho	RESIDENCE	Preston, Ida. M C Coomba
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Logan, Utah.	BIRTHPLACE	Afton Wyoming
OCCUPATION	Dairyman.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. E. Peterson
Physician
(Physician or midwife)
Address Preston, Idaho.

Filed 5-5 1922 Mrs Ida Tippets Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFI
CH CHILD /

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street:

County: Franklin

File Number: 101151

Registration Dist. No.:

Date of Birth: March 30 1922.

Sex of Child: Female

Father: Ernest Anton Jensen (Full Name)

Mother: Felicia C. McCombs (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ora Jensen (Child's Name in Full)

E C Jensen (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

914-226-021-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Franklin
City of Preston
No. ..... Registration District No. 24 File No. 101152
Hospital ..... Primary Registration District No. 2119 Registered No. 112

FULL NAME OF CHILD Merle Nelson Radford
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
♂			Yes	Apr. 26 1922

What bactericidal solution was used in eyes? Silver Nitrate Sol. 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Stephen Luther Radford	FULL MAIDEN NAME	Mary Lillian Nelson
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Idaho.
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. E. Betenson
Physician
(Physician or midwife)
Address Preston, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 5-5 1922 Mrs. Ida Leppela
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...TE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STA
DEPARTMENT

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street: .....

County: Franklin

File Number: 101152

Registration Dist. No. 1 Preston

Date of Birth: April 2 1921

Sex of Child: Female

Father: Stephen Luther Radford (Full Name)

Mother: Mary Lillian Nelson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Merle Nelson Radford (Child's Name in Full)

Mary Lillian Radford (Signature of Father or Mother)

...S FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

753-222-021-632

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Registration District No. 27 File No. 101153

Hospital ..... Primary Registration District No. 2119 Registered No. 111

FULL NAME OF CHILD Beatrice Mary Peterson

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes	Apr 22 1922

What bacterieidal solution was used in eyes? Silver Nitrate Sol. 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Nels George Peterson	FULL MAIDEN NAME	Carrie Olsen
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	South Dakota
OCCUPATION	Jeweler	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Peterson

Physician

(Physician or midwife)

Address Preston, Idaho.

Filed 5-5 1922 Mrs Ida Tippets

Registrar.

Names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1959

968-204-021-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin
City of Preston
No. ____ St.
Hospital

Registration District No. 27 File No. 101154
Primary Registration District No. 2119 Registered No. 112

FULL NAME OF CHILD Violet Rohlt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes.	Apr. 4 1922

What bactericidal solution was used in eyes? Silver Nitrate Sol 1%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hans Jacob Rohlt	Violet Ransom
RESIDENCE	Clarkston, Idaho	Preston, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	28
BIRTHPLACE	Cleveland, Idaho	Cleveland
OCCUPATION	Farmer.	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. E. Betteridge
Physician
(Physician or midwife)

Address Preston, Idaho.

Filed 5-5 1922 Mrs. Ida Tippets Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

ATTORNEY GENERAL'S

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City ..... Preston
- Street .....
- County ..... Franklin

File Number 101154

Registration Dist. No. .....

Date of Birth ..... April 4 .....192 2

Sex of Child ..... Female

Father ..... Hans Jacob Rohlt
Full Name

Mother ..... Violet Ransom
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Violet Rohlt .....
Child's Name in Full

..... Hans Jacob Rohlt .....
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

314-101-021-343

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101155

County of Franklin

City of Preston

No. ____ St.

Registration District No. 27 File No. ____

Hospital ____ Primary Registration District No. 2119 Registered No. 113

FULL NAME OF CHILD Douglas H. Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	Apr. 1 1922

What bactericidal solution was used in eyes? Silver nitrate Sol. 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Julius H. Campbell	FULL MAIDEN NAME	Hulda Lundstedt
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Salt Lake City,
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Betteridge

Physician
(Physician or midwife)

Address Preston, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 5-5 1922 Mrs. Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 2 1944

553-224-024-216

PLACE OF BIRTH

RECEIVED MAY 23 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Franklin BUREAU OF VITAL CERTIFICATE OF BIRTH

City of Weston

No. ..... St.

Registration District No. 27 File No. 101156

Hospital ..... Primary Registration District No. 3119 Registered No. 90

FULL NAME OF CHILD Leone Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	5	yes	Apr 24 1922

What bactericidal solution was used in eyes? nitrate silver

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	G H Nelson	FULL MAIDEN NAME	Thora Rafaeld
RESIDENCE	Weston Ada	RESIDENCE	Weston Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Weston Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7.5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holden
Physician
(Physician or midwife)

Address Weston Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 6-6 1922 Mrs Ida Tippets Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 12 1957

553-124-021-216

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101157

County of Franklin

City of Weston & Oak

No. ..... St.

Registration District No. 27 File No. .....

Hospital ..... Primary Registration District No. 2119 Registered No. 96

FULL NAME OF CHILD Lean Kofoed Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin		6	yes	Apr 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	G H Nelson	FULL MAIDEN NAME	Thora Kofoed
RESIDENCE	Weston & Oaka	RESIDENCE	Weston & Oak
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Weston & Oaka
OCCUPATION	Farmer	OCCUPATION	~~Farmer~~ Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder
Physician
(Physician or midwife)

Address Weston & Oaka

Filed 5-5 1922 Mrs Ida Lippets
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 12 1937

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 31 12 39 PM '75
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... Certificate No. 101157
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Leon Nelson (Name on Original Certificate) who was born (Was Born or Died) on April 24, 1922 (Date of Event)
in Weston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Leon Nelson	Leon Kofoed Nelson

Subscribed and sworn to before me this 25 day of July, 19 74
Notary Public, residing at Burley Idaho
My commission expires January 1, 1977
(Seal)

Signed Thora K. Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother
Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of July, 19 74
Notary Public, residing at Burley Idaho
My commission expires January 1, 1977
(Seal)

Signed Rosella Christensen
(Signature of Any Credible Person) Aunt
Montpelier, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 4/22/74

Certif. of Blessing from the LDS Church gives name as Leon Kofoed Nelson son of Guy H. Nelson and Thora Kofoed. Born April 24, 1922 at Weston, Idaho Was Blessed July 2, 1922. viewed by V. S.

FEB 14 1975

Certi.f o Ordination ot the Holy Priesthoos gives name as Leon Kofoed Nelson. Was Ordained aDeacon on July 1, 1934. father's name given ad Guy H. Nelson and mother's name as Thora Kofoed. born April 24,1922. viewed by V. S.

216-220-021-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston Idaho

No. ..... St.

Registration District No. 27 File No. 101158

Hospital ..... Primary Registration District No. 2119 Registered No. 97

FULL NAME OF CHILD Tressa Rae Kofoed
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		5	yes	Apr 20 1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Geo H Kofoed	FULL MAIDEN NAME	Rosella Williams
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Honeyville Utah
OCCUPATION	Farmer	OCCUPATION	Home Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 30 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holden
Physician
(Physician or midwife)

Address Preston Idaho

Filed 5-6 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 5 1974

717-130-021-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 101159

Primary Registration District No. 2119 Registered No. 98

FULL NAME OF CHILD Elden B Page
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			3	yes	Apr 30 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James H Page	FULL MAIDEN NAME	E Davis
RESIDENCE	Dayton Idaho	RESIDENCE	Dayton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Lewiston Utah	BIRTHPLACE	Dayton Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder
Physician
(Physician or midwife)

Address Weston Idaho

Filed 5-5 1922 Mrs Ida Lippels
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-104-021-751

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF CERTIFICATE OF BIRTH

County of Franklin

City of Weston Idaho

No. ..... St.

Registration District No. 27 File No. 101160

Hospital ..... Primary Registration District No. 2119 Registered No. 99

FULL NAME OF CHILD Rhea Williams

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and	5	yes	April 4 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Rollard Williams	FULL MAIDEN NAME	Sophie Georgeson
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Brigham City Utah	BIRTHPLACE	Oxford Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 5-20 P **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder

Physician (Physician or midwife)

Address Weston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 5-5 1922 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922- DE84-088

766-213-021-866 amend first name 11-15-83 dl

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Weston Ida.

No. ..... St.

Registration District No. 27 File No. 101161

Primary Registration District No. 2119 Registered No. 103

Hospital .....

FULL NAME OF CHILD ~~Annie Goodsell.~~ Veda Goodsell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				Yes	April 13 1922

FATHER	MOTHER
FULL NAME: Albert Goodsell.	FULL MAIDEN NAME: Annie Hoopes.
RESIDENCE: Weston Ida.	RESIDENCE: Weston Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Newton Utah.	BIRTHPLACE: Weston Ida.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 10 Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 9:50A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Address Preston Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-5 1922 Mrs. Ida Tippets Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-4-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
NOV 14 1983

State of _____ } ss.
County of _____ }

Certificate No. 101161
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Annie Goodsell (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 13, 1922 (Date of Event)
in Weston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs first name	Annie	Veda

Subscribed and sworn to before me this 10 day of November, 1983
Notary Public, _____
Residing at Preston
My commission expires Lifetime
(Seal)

x Veda G Fellows
Signature of Applicant
x Rt #3 Box 46 Preston, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of Nov., 1983
Notary Public, _____
Residing at Preston
My commission expires Lifetime
(Seal)

Supporting Signature
551 E. 900 N. American Fork
Street Address, City, State

lcc pd

Certificate of Blessing from LDS Church gives Veda Goodsell daughter of Albert E Goodsell and Annie Hoopes born April 13, 1922 at Weston was blessed July 2, 1922. Viewed by V.S.

NOV 15 1983

Certificate of Baptism from LDS Church gives Veda Goodsell born April 13, 1922 in Idaho was baptised July 5, 1930. Viewed by V.S.

275-213-021-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Registration District No. 27 File No. 101162

Hospital ..... Primary Registration District No. 2779 Registered No. 88

FULL NAME OF CHILD Lu Deanne Sperry
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Apr. 13 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ivo J. Sperry	FULL MAIDEN NAME	Muriel Johnson
RESIDENCE	Clifton	RESIDENCE	Clifton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Ogden Ut.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive, at 3 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Cutler Jr.
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Preston Ida

Filed 5-4 1922 Mrs Ida Lippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, JUN 16 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Clifton Idaho
- Street:
- County: Franklin

File Number: 101162

Registration Dist. No.: 2119

Date of Birth: April 13th 1922

Sex of Child: Female

Father: Ivo John Sperry
Full Name

Mother: Lena Muriel Johnson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Lu Deanne J. Sperry
Child's Name in Full

Muriel Sperry
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

271-212-021-469

name added 9-30-82

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

Registration District No. 27

File No. 101163

Primary Registration District No. 2119

Registered No. 94

FULL NAME OF CHILD Ramona Spackman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 12 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Maryon Leander Spackman	FULL MAIDEN NAME	Mary Louise Morgan Spackman
RESIDENCE	Clifton, Idaho	RESIDENCE	Clifton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Kaysville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Esther E. L. Davis

Nurse (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Clifton Idaho

Filed 5-4 1922 Mrs Ida Tippets

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-9-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 29 11 06 AM '82

State of _____ } ss.
County of _____

Certificate No. 101163
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Spackman (Name on Original Certificate) who was born (Was Born, Died, etc.) on 4-12-22 (Date of Event)

in Clifton (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ramona Spackman

Subscribed and sworn to before me this 27th day of Sept 27, 1982
Notary Public, Joseph R Cawson
Residing at Roy Utah
My commission expires 9-21-85
(Seal)

Ramona Spackman Bingham
Signature of Applicant
2218 W 4400 S Roy Utah 84067
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of Sept, 1982
Notary Public, Joseph R Cawson
Residing at Roy Utah
My commission expires 9-21-85
(Seal)

W Dale Bingham
Supporting Signature
2218 W 4400 So. Roy Utah 84067
Street Address, City, State

lcc 1 card pd

LDS Church records gives Ramona Spackman born 4-12-22 in Clifton, Idaho to Marion Lee Spackman and Mary Louise Morgan was blessed 6-4-22. Viewed by V.S.

SEP 30 1982

Certificate of Graduation from LDS Primary Association gives Ramona Spackman graduated from Primary on 9-30-34. Viewed by V.S.

249-213-021-249

PLACE OF BIRTH

name added 12-19-83 dl

County of Franklin

City of Riverdale

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 101164

Primary Registration District No. 2119 Registered No. 89

FULL NAME OF CHILD Ione Smith

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	3 13 1922

What bactericidal solution was used in eyes? 20% Arg. nit.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lewis Smith	FULL MAIDEN NAME	Emma Smith
RESIDENCE	Riverdale	RESIDENCE	Riverdale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 3 30 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) A. R. Cutler M.D.

(Physician or midwife)

Address Preston, Idaho

Filed 5-4 1922 Mrs. Ida Lippets Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-05-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 101164
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Smith (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 13, 1922 (Date of Event)

in Riverdale (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ione Smith

Subscribed and sworn to before me this 13th day of December, 1983

Notary Public, John Pilmon
Residing at Chick City Mt. 59063
My commission expires Oct 22-1986
(Seal)

x Mrs. Ione S. Peterson
Signature of Applicant

x 1607 Cook Ave. Billings, MT 59102
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Robert M. Peterson
Supporting Signature

1607 COOK AVE BILLINGS, MT.
Street Address, City, State

lcc pd

Certificate of Blessing from LDS Church gives Ione Smith daughter of Lewis W Smith and Erma Smith born March 13, 1922 at Riverdale, Franklin County, Idaho was blessed May 7, 1922. Viewed by V.S.

DEC 19 1983

Montana Drivers License issued Feb 20, 1976 lists Ione Smith Petersen born March 13, 1922. Viewed by V.S.

695-227-021-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin
City of Riverdale
No. ..... St. ..... Registration District No. 27 File No. 101165
Hospital ..... Primary Registration District No. 3119 Registered No. 93

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Apr 27 1922

What bactericidal solution was used in eyes? 20% Grygrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Lorin A. Winger	FULL MAIDEN NAME	Hazel Williams
RESIDENCE	Riverdale	RESIDENCE	Riverdale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was boundive (Born alive or stillborn), at 7.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Preston Idaho

Filed 5-4 1922 Mrs Ida Lippett Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-201-021-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

101166

County of Franklin.

City of Mapleton. Registration District No. 27 File No.

No. St. Primary Registration District No. 2119 Registered No. 108

Hospital

FULL NAME OF CHILD Doratha.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.		Yes.	Apr. 1 22

FATHER	MOTHER
FULL NAME: Elmer A. Sharp.	FULL MAIDEN NAME: Luella B. Gregory.
RESIDENCE: Mapleton Ida.	RESIDENCE: Mapleton Ida.
COLOR: White. AGE AT LAST BIRTHDAY: 22 (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Preston Ida.	BIRTHPLACE: Franklin Ida.
OCCUPATION: Farmer.	OCCUPATION: housewife.

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Ida.

Registrar

Filed 5-5 19 22 Mrs. Ida Lippeta
Registrar

315-215-021-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin
City of Whitney
No. ..... St.
Hospital .....

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

Registration District No. 27 File No. 101167
Primary Registration District No. 2119 Registered No. 85

FULL NAME OF CHILD Lucy Tanner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	4 15 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Geo Leroy Tanner	FULL MAIDEN NAME	Lucy Clayson
RESIDENCE	Whitney	RESIDENCE	Whitney
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Oregon	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Cutler Jr
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Preston, Idaho

Filed 5-4 1922 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 2 1942

[illegible] A CERTIFICATE OF BIRTH SHOU[illegible]
[illegible] COMPLETED WITH THE NAME

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: W. Litney

Street:

County: Franklin

File Number: 101167

Registration Dist. No.:

Date of Birth: April 15th 192.2

Sex of Child: Female

Father: George Leroy Sanner (Full Name)

Mother: Lucy Clayson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lucy Sanner
Child's Name in Full

Lucy C. Sanner
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

455-214-021-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1921
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

County of Franklin
City of Whitney
No. ..... St. .....
Registration District No. 27
File No. 101168
Hospital .....
Primary Registration District No. 2117
Registered No. 86

FULL NAME OF CHILD Clara Velma Dunkley
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes.	4 14 1921

What bacteriocidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Lorin R. Dunkley	FULL MAIDEN NAME Viola Pratt
RESIDENCE Whitney	RESIDENCE Whitney
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farming	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) A. R. Butler
Physician
(Physician or midwife)

Address Preston Idaho

Filed 5-4 1921 Mrs. Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, JUN 16 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street:

County: Franklin

File Number: 10116

Registration Dist. No.:

Date of Birth: April 14 192...

Sex of Child: Female

Father: Lorin Richard Dunkley (Full Name)

Mother: Viola Pratt (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elora Valeen Dunkley
Child's Name in Full

Mrs. Viola P. Dunkley
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

445-103-021-366

PLACE OF BIRTH

amended 5/6/80

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
STATE

CERTIFICATE OF BIRTH

File No. 101169

County of Franklin

City of Whitney

No. ..... St.

Hospital

Registration District No. 27

Primary Registration District No. 2119

Registered No. 87

FULL NAME OF CHILD Blaine Wilford Hunkley

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept. 3 1922

What bacteriecidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Lester LeRoy Hunkley	FULL MAIDEN NAME Rosella Lowe
RESIDENCE Whitney	RESIDENCE Whitney
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farming	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Cutler

Physician

(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 9-4 1922 Mrs Ida Tuppets

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear [redacted]:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Whitney

Street:

County: Franklin

File Number: 101168

Registration Dist. No.:

Date of Birth: April 14 1922

Sex of Child: Female

Father: Louis Richard Dunkley (Full Name)

Mother: Viola Pratt (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elora Aileen Dunkley (Child's Name in Full)

Mrs. Viola P. Dunkley (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF VITAL STATISTICS
MAR 20 11 14 AM '80

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Franklin } ss.

Certificate No. 101169
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Was born

for Unnamed Dunkley (male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 3, 1922 (Date of Event)

in Whiteney, Idaho (franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Blaine Wilford Dunkley

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Blaine W. Dunkley
Signature of Applicant

665 South 4th East, Logan, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

(Must be completed __)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of March, 1980.

Notary Public, [signature]
Residing at Logan Utah
My commission expires Aug 1980
(Seal)

Grace F. Lowe
Supporting Signature

Franklin Idaho
Street Address, City, State

CL 8/13/79 1cc pd. rec. # 21046

Certif of Blessing from the LDS Church gives nameas Blain Clifford Dunkley son of Lester L. Dunkley and Rosella Lowe. born April 3, 1922 at Whitney, Idaho. Blessed June 4, 1922. viewed by V. S.

MAY 6 1980

Marriage certif from Utah gives nameas Blaine Wilford Dunkley and Beth Smith. dated June 19, 1946 viewed by V. S.

433-111-021-449

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview. Registration District No. 27 File No. 101170

No. ..... St.

Primary Registration District No. 2119 Registered No. 104

Hospital .....

FULL NAME OF CHILD Clyde Durrant McLean

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes.	April 11 1922

FATHER		MOTHER	
FULL NAME	Elmer McLean.	FULL MAIDEN NAME	Jennie Durrant.
RESIDENCE	Fairview	RESIDENCE	Fairview
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Fairview Ida.	BIRTHPLACE	Franklin Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Registrar

Filed 5-5 1922 Mrs Ida Lippets Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STA

DEPARTME

Boise, Idaho, JUN 16 1922 192...

R JUN BUREAU O STATIS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Fairview; Street; County Franklin

File Number 101170

Registration Dist. No.

Sex of Child Male

Date of Birth April 11 1922

Father Joseph Elmer McLean (Full Name) Mother Jennie Durant (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Clyde Durant McLean
Child's Name in Full

Jennie Durant M
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
E FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage nd legitimacy.

It enables the Public Health Nurse to make sure the child has een protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

814-121-021-295

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

No. ..... St. Registration District No. ..... File No. 101171

Hospital ..... Primary Registration District No. ..... Registered No. 100

FULL NAME OF CHILD Boyd K. Hampton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth
Boy	1st (To be answered only in event of plural births)	Yes	Jan 21st 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Tom Carbridge Hampton	FULL MAIDEN NAME	Helga Kingsford
RESIDENCE	Franklin Idaho	RESIDENCE	Franklin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Coneville Idaho
OCCUPATION	Farming	OCCUPATION	wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was January 21, at 11.20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Adamson
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Richmond Ut.

Filed 5-5 1922 Mrs Ida Lippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Boise, Idaho, JUN 26 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Franklin

Street: .....

County: Franklin

File Number: 101171

Registration Dist. No: .....

Sex of Child: Male

Date of Birth: June 21 1922

Father: Louis L. Hampton (Full Name)

Mother: Helga Kingsford (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Boyd K. Hampton (Child's Name in Full)

Mrs. Louis L. Hampton (Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

566-119-021-791

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital

Registration District No. 27

Primary Registration District No. 2119

File No. 101172

Registered No. 84

FULL NAME OF CHILD Golden Glen Nowlang

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	4 19 1922

What bacterieidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leroy Mansford Knowling	FULL MAIDEN NAME	Edyth Grant
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler

Physician

(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

Filed 5-4 1922 Mrs Ida Tippets

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ERAL RE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Salmon, Idaho

Street: .....

County: Lemhi Co.

File Number: 101172

Registration Dist. No. .....

Date of Birth: April 19, 1922

Sex of Child: Male

Father: Perry Manford Bowling (Full Name)

Mother: Edith A. Grant (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Golden Alan Bowling
(Child's Name in Full)

Perry M. Bowling
(Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

469 -127-021-249

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 101173

County of Franklin

City of Preston

No. ____ St.

Hospital

Registration District No. 17

Primary Registration District No. 2119

Registered No. 90

FULL NAME OF CHILD Samuel Keith Morgan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			yes.	April 27 1922

What bacteriolidal solution was used in eyes? 2.0% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Leroy Morgan	FULL MAIDEN NAME	Alta Smith
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laundry worker	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. R. Cutler

Physician
(Physician or midwife)

Address Preston Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 5-4 1922 Mrs. Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston Idaho

Street: 2 North 1 East

County: Franklin Co.

File Number: 101173

Registration Dist. No.:

Sex of Child: Male

Date of Birth: April 27 1922

Father: A. LaRoy Morgan (Full Name)

Mother: Alta Smith (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Samuel Keith Morgan

Child's Name in Full

A. L. Morgan

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

205-130-021-764

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 101174

County of Franklin

City of Preston

No. ..... St. ..... Registration District No. 27

Hospital ..... Primary Registration District No. 2119 Registered No. 91

FULL NAME OF CHILD Mona Svensson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	4 30 1922

What bactericidal solution was used in eyes? 2% Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Nephi C. Svensson	FULL MAIDEN NAME	Josephine Godfrey
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	~~Confectioner~~ Ut	BIRTHPLACE	Utah
OCCUPATION	Confectioner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Cutler M.D.

(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 5-4 1922 Mrs. Ida Lippets

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-221-021-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

District No. ~~2119~~ 27 File No. 101175

Hospital ..... Primary Registration District No. ~~272~~ 119 Registered No. 148

FULL NAME OF CHILD Eva Pinson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	May 21 1922

What bactericidal solution was used in eyes? Alg. No. 31 %

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Charles Edward Pinson	FULL MAIDEN NAME	Lucy Cartwright
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Somalus (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Betenson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Preston Idaho

Filed June 3 1922 Mrs Ida Lippelts
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1959

MAR 12 1976

318-110-021-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St. ..... Registration District No. 27 File No. 101176

Hospital ..... Primary Registration District No. 7119 Registered No. 147

FULL NAME OF CHILD T. Lean Layne
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	May 10 1922

What bacteriocidal solution was used in eyes? Silver nitrate 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Leland Samuel Layne	FULL MAIDEN NAME Mona Beckstead
RESIDENCE Preston	RESIDENCE Preston
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Swiston Ut.	BIRTHPLACE ~~Franklin~~ Co Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal Live (Born Alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) T. E. Peterson

Physician
(Physician or midwife)

Address Preston Ida

Filed June 3 1922 Mrs Ida Tyssaela Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Preston Idaho
Street: Oneida
County: Franklin Co.

File Number: 101176

Registration Dist. No. .....

Date of Birth: May 10th 192..

Sex of Child: Male

Father: Leland D. Layne
Full Name

Mother: Mona Beckstead
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

L. Dean Layne
Child's Name in Full

Leland D. Layne
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

295-227-021-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Registration District No. 27 2119 File No. 101177

Hospital ..... Primary Registration District No. 27 2119 Registered No. 137

FULL NAME OF CHILD Mary Bingham
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5 27 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wilford Hansen Bingham	FULL MAIDEN NAME	Anna Eiza Thoreson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Creameryman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Betenson
Physician
(Physician or midwife)

Address Preston Ida

Filed June 3 1922 Mrs Ida Lippels
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14

_ 0 1941

SEE ... NS WHY A CERTIFICATE OF BIRTH SHOU...
...ED WITH TH...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street: East Oneida St.

County: ~~D~~ Franklin

File Number: 101177

Registration Dist. No.:

Date of Birth: May 27 1922

Sex of Child: Female

Father: Wilford H. Bingham (Full Name)

Mother: Anna Eliza Thacker (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named

Mary Bingham (Child's Name in Full)

W. H. Bingham (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

259-105-021-289

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. ~~2119~~ 27 File No. 101178

Primary Registration District No. 27/2119 Registered No. 143

FULL NAME OF CHILD Reese Shipley Kern
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	May 5 1922

What bactericidal solution was used in eyes? Silver Nitrate Sol 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alfred Kern	FULL MAIDEN NAME	Amy Shipley
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Logan, Utah.	BIRTHPLACE	Paradise Ut.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:50 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Betenson
Physician
(Physician or midwife)

Address Preston, Idaho.

Filed June 3 1922 Mrs. Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 0 7 2018

OCT 16 1941

MAR 11 1971

369-105-021-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin
City of Preston
No. ..... St.
Hospital

Local Registration District No. 24427 File No. 101179
Primary Registration District No. 272119 Registered No. 146

FULL NAME OF CHILD Melvin J. Corbridge
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes	May 5 1922

What bactericidal solution was used in eyes? Silver Nitrate Sol. 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James Heber Corbridge	FULL MAIDEN NAME	Mary Cecelia Johnson
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Preston, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) I. E. Betenson
Physician
(Physician or midwife)
Address Preston, Idaho.

Filed June 3 1922 Mrs. Ida Leppeta Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

JUL
BUREAU OF VITAL
STATISTICS

Boise, Idaho,

Dear Ma

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital
ance to have the full name included in the record. Kindly fill in the information requested in the blank
and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTI

Place of Birth — City: Preston Idaho

Street:

County: Franklin

File Number: 101179

Registration Dist. No.: One

Date of Birth: May 6th

Sex of Child: Male

Father: James H. Corbridge Jr. (Full Name)

Mother: Mary Cecelia Jo (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Melvin J. Corbridge

Child's Name in Full

James H. Corbridge

Signature of Father or Moth

.192... FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

import-
k below rth registration is part of every child's birthright.
CS. establishes legally the date of the child's birth, parentage
imacy.
t enables the Public Health Nurse to make sure the child has
ected from danger of blindness and other infections at birth.

..... - - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

..... The correct age for purposes of school attendance.
Employment.
Protection under the law.
192.. Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
Sudan Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.
Just at this time while many of the Ex-Service men are com-
..... furnish certified copies of certificates of birth, it is im-
at the certificates be filed with the BUREAU OF VITAL STATIS-
he same completed by furnishing the name of the child.

..... PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.
ier

469-217-021-794

PLACE OF BIRTH

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

RECEIVED
JUN 3 1922
STATISTICS

City of Preston Ida.

File No. 101180

No. ..... St.

Primary Registration District No. 27-2119

Registered No. 116

Hospital .....

FULL NAME OF CHILD Jean Marie Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	May 17 1922

FATHER	MOTHER
FULL NAME: L. R. Morgan,	FULL MAIDEN NAME: Charity Simon,
RESIDENCE: Preston Ida.	RESIDENCE: Preston Ida.
COLOR: White	AGE AT LAST BIRTHDAY: 31 (Years)
COLOR: White.	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Brigham City, Utah.	BIRTHPLACE: Weeping Water, Nebraska.
OCCUPATION: Attorney.	OCCUPATION: School Teacher.

Number of child of this mother, including present birth 1 ... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Sates

Physician
(Physician or midwife)

Preston Ida.
Address

Given names added from a supplemental report.

..... 19.....

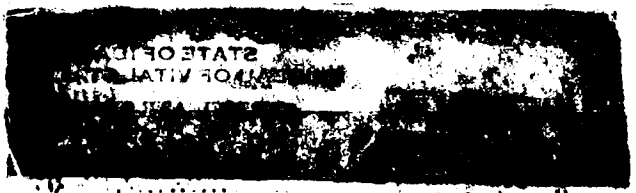
..... Registrar

Filed June 3 1922 Mrs. Ida Tuggate Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



445-124-021-SSS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Franklin

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. ~~2119~~ 27

Primary Registration District No. ~~#~~ 2119

File No. 101181

Registered No. 117

FULL NAME OF CHILD GRANT N. DUNKLEY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	May 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benj. Dunkley,	FULL MAIDEN NAME	Susie Neeley,
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White. AGE AT LAST BIRTHDAY 48 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	Franklin Ida.	BIRTHPLACE	Franklin Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Registrar

Filed June 3 1922 Mrs Ida Lippets Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin

OCT 4 1941
RECEIVED

Certificate No. 101181
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Grant N. Dunkley (Name on original certificate) who was born (Was born or died) on May 24, 1922 (Date of event)
in Preston, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by affidavit (Bible record, insurance policy, etc.) prepared on 10-3-41 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Dunkley	Grant N. Dunkley

Subscribed and sworn to before me this 3 day of Oct., 19 41

Notary Public, residing at Preston, Idaho

My commission expires 1-21-45

[SEAL]

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires

[SEAL]

Signed (Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By (Registrar's signature)

16E-112-021-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 9-21-45

County of Franklin
City of Preston
No. ..... St.
Hospital .....

Registration District No. 27 File No. 101182
Primary Registration District No. 2119 Registered No. 122

FULL NAME OF CHILD John Glenn Jones
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	May 12 192?.

What bactericidal solution was used in eyes? AgNo3 1%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Aschal Jones	Idav Vietta McClurg
RESIDENCE	Malad, Idaho	Malad, Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	18
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Address Preston, Idaho

Filed June 3 192 2 Mrs. Ida Lippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 101182

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
for John Glen Jones (Name on Original Certificate) who Was Born (Was Born or Died) on May 12th 1922 (Date of Event)
in Preston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on October 1st 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jack Jones	John Glenn Jones

Subscribed and sworn to before me this 17th day of September, 1945.

Notary Public, residing at McCammon Idaho
My commission expires March 16 1949
(Seal)

Signed Mrs Elmer Crump Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
McCammon Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of September, 1945.

Notary Public, residing at McCammon Idaho
My commission expires March 16 1949.
(Seal)

Signed U. U. Finnell
(Signature of Any Credible Person)
Box 165
(Street Address, City, State)
McCammon Idaho

SEP 2 [illegible] 1945

466-21-021-455

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Registration District No. 4427 File No. 101183

Hospital .....

Primary Registration District No. 27 2119 Registered No. 123

FULL NAME OF CHILD Virginia Moore

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	May 11 1922

What bacterieidal solution was used in eyes? Arg. NO3 1.0%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Ambrose Moore	FULL MAIDEN NAME	Virginia Oliva Meek
RESIDENCE	Lewiston, Utah	RESIDENCE	Lewiston, Utah
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Laboratory-man for Japan Co	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Curtis Blonk

Physician

(Physician or midwife)

Address Preston Idaho

Filed ..... 192 Mrs Ida Tippets Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1948

345-230-021-545

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. ~~21~~ 27 File No. 101184

Primary Registration District No. ~~27~~ 2119 Registered No. 124

FULL NAME OF CHILD Clara Lundstrom
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	May 30 1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Melvin Wesley Lundstrom	FULL MAIDEN NAME	Ada Edelfsen
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Furniture salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Address Preston Idaho

Filed ..... 192 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-114-021-253

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. ~~249~~ 27 File No. 101185

No. ..... St.

Primary Registration District No. 542119 Registered No. 139

Hospital Home

FULL NAME OF CHILD Gerald Kelley Petterborg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Guy Clifford Petterborg	FULL MAIDEN NAME	Cecelia Rose Kelley
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Preston Idaho	BIRTHPLACE	Chicago Ill
OCCUPATION	Farmer	OCCUPATION	Stenographer

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead
midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho

Filed Jun 3 1922 Mrs. [illegible]
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin

OCT 2[illegible] 1941

Certificate No. 101185
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)

for Gerald Kelly Peterborg (Name on original certificate) who April 14, 1922 (Was born or died) on (Date of event)

in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Peterborg	Petterborg

Subscribed and sworn to before me this 21st day of Oct, 1941

Wesley Petterborg
Notary Public, residing at Preston
My commission expires 1945
[SEAL]

Signed Mrs Guy C. Petterborg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Preston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of Oct, 1941

Wesley Petterborg
Notary Public, residing at Preston
My commission expires 1945
[SEAL]

Signed Helen Butterfield
(Signature of any credible person other than the previous affiant.)

Preston, Idaho.
(Street Address, City, State)

Received for filing on By

459-223-021-764

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital Nancy Beckstead

Registration District No. 211927 File No. 101186

Primary Registration District No. 272119 Registered No. 140

FULL NAME OF CHILD Eveylin Drusilla Merrill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	23 May 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul Revere Merrill	FULL MAIDEN NAME	Lucy Eveylin Godfrey
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Hyde Park Utah	BIRTHPLACE	Lava Hot Springs
OCCUPATION	Cafe business	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5-30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

Filed June 3 1922 Mrs Ida Lippett
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-221-021-919.

PLACE OF BIRTH

AMENDED June 2, 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ____ St.

Registration District No. 27 File No. 101189

Hospital ____ Primary Registration District No. 2119 Registered No. 137

FULL NAME OF CHILD Beulah Mae Daines
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	5 21 1922

What bacterieidal solution was used in eyes? 20 % Arygrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Newel S. Daines	FULL MAIDEN NAME	Verna Rainey
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler, Jr.

Physician
(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed June 3 1922 Mrs. Ida Lippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of New York } ss. Certificate No. 101189
County of Queens Co } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Barbara Mae Daines (Name on Original Certificate) who was born (Was Born or Died) on May 21, 1922 (Date of Event)

in Preston, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Barbara Mae	Beulah Mae Daines

Subscribed and sworn to before me this 28 day of May, 1948

Notary Public, residing at 214 Jr. 43rd Av. Sunnyside N.Y.
My commission expires March 30, 1949
(Seal)

HYMAN D. KURTZBERG
NOTARY PUBLIC, STATE OF NEW YORK
Residing in Queens County
Queens Co. Clk's No. 1083, Reg. No. 86-K-9
Commission Expires March 30, 1949

Signed Verna R. Daines
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Logan, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New York } ss.
County of Queens }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of May, 1948

Notary Public, residing at 214 Jr. 43rd Av. Sunnyside N.Y.
My commission expires March 30, 1949
(Seal)

HYMAN D. KURTZBERG
NOTARY PUBLIC, STATE OF NEW YORK
Residing in Queens County
Queens Co. Clk's No. 1083, Reg. No. 86-K-9
Commission Expires March 30, 1949

Signed Nevel D. Daines
(Signature of Any Credible Person)

Logan Utah
(Street Address, City, State)

JUN 2 1948

MAY 8 1956

235-219-021-285

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 311427 File No. 101190

Primary Registration District No. 372119 Registered No. 136

FULL NAME OF CHILD Virginia May Steuri
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5 19 1922

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Fred Steuri	FULL MAIDEN NAME	Martha Sherc
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Mason	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Culler Jr.

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Preston, Idaho

Filed June 3 1922 Mrs. Ida Tyspets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STA—

DEPART[illegible]

Boise, Idaho, JUN 16 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital ance to have the full name included in the record. Kindly fill in the information requested in the blan and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATIST

Place of Birth — City: Preston

Street:

County: Franklin

File Number: 101190

Registration Dist. No.:

Sex of Child: Female

Date of Birth: 19 Mai

Father: Gottfried Steuri (Full Name)

Mother: Martha Maria [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Virginia May Steuri (Child's Name in Full)

Martha Ste[illegible] (Signature of Father or Mot[illegible])

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
OR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

h registration is part of every child's birthright.
stablishes legally the date of the child's birth, parentage
acy.
enables the Public Health Nurse to make sure the child has
ted from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

The correct age for purposes of school attendance.
Employment.
Protection under the law.
Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.
Just at this time while many of the Ex-Service men are com-
rnish certified copies of certificates of birth, it is im-
the certificates be filed with the BUREAU OF VITAL STATIS-
same completed by furnishing the name of the child.

LEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

546-204-021-386

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital

Registration District No. ~~21927~~ 29119 File No. 101191

Primary Registration District No. ..... Registered No. 134

FULL NAME OF CHILD Mary Lue Nuffer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	5 4 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Luther J. Nuffer	FULL MAIDEN NAME: Mary Crockett
RESIDENCE: Preston,	RESIDENCE: Preston
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:10A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr

Physician (Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 3 1922 Mrs Ida Tippett Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS ... RTIFICATE

... BE FILED ... EACH C... ...ohsh...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital impor
ance to have the full name included in the record. Kindly fill in the information requested in the blank belo
and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street: .....

County: Franklin

File Number: 101191

Registration Dist. No. .....

Date of Birth: May 4th 192-

Sex of Child: Female

Father: Luther J. Puffer (Full Name)

Mother: Mary Crockett (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Lue Puffer

Child's Name in Full

Luther J. Puffer

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-201-021-493

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 101192

Primary Registration District No. 2119 Registered No. 133

FULL NAME OF CHILD Ludean
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	5 1 1922

What bactericidal solution was used in eyes? 20% Arygrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm Harvey Wilcox	FULL MAIDEN NAME	Dora Michelson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Preston, Idaho

Filed June 3 1922 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-115-021-639 CHILD'S NAME ADDED 5-17-2010 CMW

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston,

No. ..... St.

Registration District No. 27 File No. 101193

Hospital ..... Primary Registration District No. 2119 Registered No. 132

FULL NAME OF CHILD PAUL JAMES JOHNSON
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	5 15 1922

What bactericidal solution was used in eyes? 20% Arygrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Willard Johnson	FULL MAIDEN NAME	Margie Oliverson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Preston, Idaho

Filed June 3 1922 Mrs Ida Loppels
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 0 2010

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Davis } SS

Certificate No. 1922-101193
Date Filed 06/07/1922

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)
for unnamed Johnson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 05/15/1922 (Date of Event)
in Preston (Franklin Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's name	None	Paul James Johnson

Subscribed and sworn to before me this 6 day of May, 2010
Notary Public, [signature]
Residing at Davis County
My commission expires 9-7-10
(Seal)

. Paul James Johnson
Signature of Applicant
316 W 1450 N
Street Address, City, State and Zip
Centerville, Utah 84014

NOTARY PUBLIC
KENNETH E. MEYERS
7181 S. CAMPUS VIEW DR
WEST JORDAN, UTAH 84084
COMMISSION EXPIRES
SEPTEMBER 7, 2010
STATE OF UTAH

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Must be completed ☐)
(Is not necessary ☒)

State of
County of } SS

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
Notary Public,
Residing at
My commission expires
(Seal)

Signature of Applicant
Street Address, City, State and Zip

May 4, 2010 UTAH MARRIAGE CERTIFICATE PAUL JAMES JOHNSON & WILMA WANNER MARRIED 5-24-1944 VIEWED BY VS
BENEFICIAL LIFE INSURNACE COMPANY LIFE INSURNACE POLICY PAUL JAMES JOHNSON DATE ENDORSED: 5-2-1945 VIEWED BY VS

796-228-021-386

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. ~~211~~ 27 File No. 101194

Primary Registration District No. ~~27~~ 2119 Registered No. 126

FULL NAME OF CHILD ELVA GENE GROUTAGE
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5 28 1922

What bactericidal solution was used in eyes? 20 % Arygrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jos. Wm. Groutage	FULL MAIDEN NAME	Estella Thomas
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.

Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

.....
Registrar.

Address Preston, Idaho

Filed Jun 3 1922 Mrs Ida Lippels
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 101194

Date Filed APR

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Elizabeth	Elva Gene Groutage
Birthdate	May 20, 1922	May 28 1922

Subscribed and sworn to before me this 2
day of April, 19 42

Notary Public, residing at Logan, Utah

My commission expires My Commission Expires June 4, 1945
(SEAL)

Signed Joseph William Groutage Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

62 East 3rd North Logan, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

168-208-021-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 101195

County of Franklin
City of Preston
No. ..... St.
Hospital
Registration District No. 2119-27
Primary Registration District No. 27-2119
Registered No. 142

FULL NAME OF CHILD Edna Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl		Yes	May 8 1922

What bacteriocidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George Johnson	FULL MAIDEN NAME	Bertha Carlson
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	England	BIRTHPLACE	U. S. A.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Sarah Livingston
Nurse
(Physician or midwife)
Address Preston Idaho

Filed June 3 1922 Mrs. Ida Tippets Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1972

FEB 6 1945

466-205-021-653

[redacted]

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

Registration District No. 2117 27

File No. 101196

Primary Registration District No. 2112119

Registered No. 114

FULL NAME OF CHILD Josephine.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	May 5 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Alvin Dowdle	FULL MAIDEN NAME	Mary J. Welch
RESIDENCE	Franklin Ida,	RESIDENCE	Franklin Id.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Cove Utah,	BIRTHPLACE	South Carolina
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:15P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physicain (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Filed June 2 1922 Mrs Ida Tippets Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-101-621-297

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Franklin.

City of Franklin

No. ....., ... *St.*

Hospital .....

Registration District No. ~~2117~~ 27 **File No.** 101197

Primary Registration District No. ~~27~~ 2119 **Registered No.** 143

FULL NAME OF CHILD Dean Handy

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 1, 1922

FATHER		MOTHER	
FULL NAME	Elmer Handy	FULL MAIDEN NAME	May Biggs.
RESIDENCE	Franklin, Ida,.	RESIDENCE	Franklin,
COLOR	White. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Franklin, Ida,.	BIRTHPLACE	Santaquin, Utah,.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Secrest

Physician, (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Logan, Utah,

Filed June 3 1922 Mrs. Ida Lippeti Registrar

Registrar

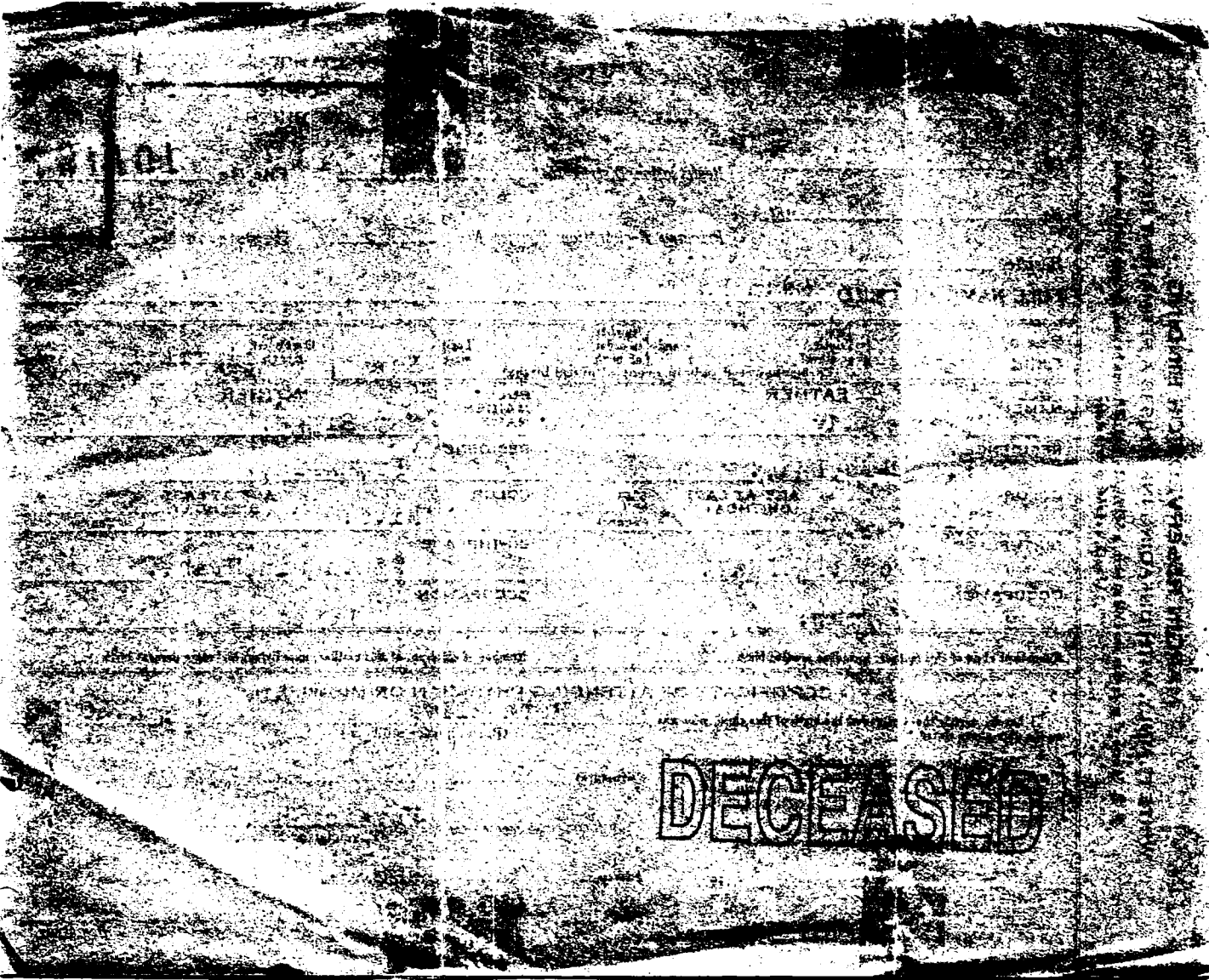
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K


DECEASED

464-202-021-569

PLACE OF BIRTH

DEPARTME[redacted]

BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton

No. ..... St.

Registration District No. 24921 File No. 101[redacted]

Hospital ..... Primary Registration District No. 27-2119 Registered No. 1[redacted]

FULL NAME OF CHILD Lena Fay Hodd.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
7		Yes.	May 2 1922

What bactericidal solution was used in eyes? Silver nitrate Sol. 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Joseph Earl Hodd	FULL MAIDEN NAME Dona Norris
RESIDENCE Dayton, Idaho.	RESIDENCE Dayton, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Kentucky	BIRTHPLACE Dayton, Idaho.
OCCUPATION Labor	OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. E. Betterson

Physician (Physician or midwife)

Address Preston Idaho.

Give names added from a supplemental report.

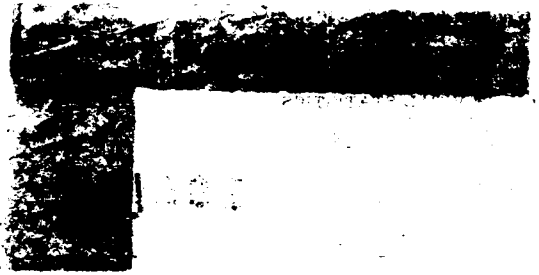
....., 19.....

..... Registrar.

Filed June 3 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



PLACE OF BIRTH
613-120-021-852

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

County of Franklin
City of Clifton
No.
Registration District No. 27
File No. 101199
Hospital
Primary Registration District No. 2112
Registered No. 130

FULL NAME OF CHILD Geo. LeRoy Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	5 20 1922

What bacterieidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Roy Walker	FULL MAIDEN NAME	Miller Elizabeth Hess
RESIDENCE	Clifton, Idaho	RESIDENCE	Clifton, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Farmington, Ut.	BIRTHPLACE	Center ville Ut.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) A. R. Cutler

Physician
(Physician or midwife)

Address Preston, Idaho

Filed June 7 1922 Mrs Ida Liguoto
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASONS

OF BIRTH S

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Cliftons

Street:

County: Franklin

File Number: 101199

Registration Dist. No.: do not know

Sex of Child: Male

Date of Birth: May 20 1922.

Father: George Le Roy Walker (Full Name)

Mother: Ellen Elizabeth Wal (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

George Le Roy Walker
Child's Name in Full

Ellen Elizabeth Walker
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, pa
and legitimacy.

It enables the Public Health Nurse to make sure the ch
been protected from danger of blindness and other infections at

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are
pelled to furnish certified copies of certificates of birth, it
portant that the certificates be filed with the BUREAU OF VITAL S
TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-225-021-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin
City of Weston
No. ..... St.
Hospital .....

Registration District No. ~~2119~~ 27 File No. 101200
Primary Registration District No. ~~27~~ 2119 Registered No. 121

FULL NAME OF CHILD Arthella Wickham
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	5 (To be answered only in event of plural births)	yes	May 25 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Ezra Wickham	FULL MAIDEN NAME	Anna Jensen
RESIDENCE	Dayton Ida	RESIDENCE	Dayton Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Dayton Idaho	BIRTHPLACE	Ross Fork Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive [redacted] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos [redacted]
Phys[redacted]

Give names added from a supplemental report.

..... , 19....

..... Registrar.

Address Westa[redacted]

Filed June 3 1922 Mrs Ida Tippets Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 16 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street Clayton Idaho.

County Oneida

File Number 101200

Registration Dist. No. .....

Sex of Child Female

Date of Birth May 25 1922.

Father Ezra Wickham (Full Name)

Mother Anna M. J. Jensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Arthella Wickham
Child's Name in Full

Ezra Wickham
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

792-227-[illegible]-318

[redacted] PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Weston

No. ..... St. ..... Registration District No. ~~114~~ 27 File No. 101201

Hospital ..... Primary Registration District No. ~~7~~ 2119 Registered No. 120

FULL NAME OF CHILD Marvo May Gibb
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	2 (To be answered only in event of plural births)	yes	May 27 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	W M Gibb	FULL MAIDEN NAME	Amanda Taylor
RESIDENCE	Weston Ida	RESIDENCE	Weston Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ill	BIRTHPLACE	Dayton Ida
OCCUPATION	Farmer	OCCUPATION	House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder
Physician
(Physician or midwife)

Give names added [illegible] supplemental report.

....., 19....

Registrar.

Address W[redacted] Ida

Filed June 3 [redacted] Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-124+021-651

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

Registration District No. 2127 File No. 101202

No. ..... St.

Primary Registration District No. 27-2119 Registered No. 118

Hospital .....

FULL NAME OF CHILD DeLyle Weaver Hull

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes.	May 24 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: LeRoy Hull,	FULL MAIDEN NAME: Alabelle Weaver.
RESIDENCE: Whitney	RESIDENCE: Whitney Ida.
COLOR: White.	AGE AT LAST BIRTHDAY: 35 (Years)
AGE AT LAST BIRTHDAY: 37 (Years)	COLOR: White.
BIRTHPLACE: Whitney Ida.	BIRTHPLACE: Providence Utah.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 2:20 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Sato

Physician (Physician or midwife)

Address Preston, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 3 1922 Mrs. Ida Teppaets Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

SEVERAL REASONS WHY A CERTI[illegible]
[illegible]R EACH [illegible] THE S[illegible]

RECEIVED DEC 7 1922 BUREAU OF VITAL STATISTICS

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Whitney

Street

County Fr. Bliss

File Number 101202

Registration Dist. No.

Sex of Child Male

Date of Birth May 24 1922

Father Leroy Hull
Full Name

Mother Gllabelle Wear Hull
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

De Lyle Weaver Hull
Child's Name in Full

Mrs. Gllabelle Hull
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

914-121-021-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Registrar No. 27 File No. 101203

Hospital ..... Primary Registration District No. 2119 Registered No. 129

FULL NAME OF CHILD Raymond W.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5 21 1922

What bactericidal solution was used in eyes? 20% Arygrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. Raymond Ramsbottom	FULL MAIDEN NAME	Freeda Wicklian
RESIDENCE	Whitney, Idaho	RESIDENCE	Whitney, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Preston Idaho

Filed June 3 1922 Mrs Ida Lippels
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

469-218-021-863

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

County of Franklin

City of Nashville

No. ..... St.

Hospital .....

Registration No. ~~2119~~ 27

File No. 101204

Primary Registration District No. ~~27~~ 2119

Registered No. 115

FULL NAME OF CHILD Audrea Morrison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	May 18 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME George Morrison	FULL MAIDEN NAME Audrea Holmgren
RESIDENCE Nashville Ida.	RESIDENCE Nashville Ida.
COLOR White — AGE AT LAST BIRTHDAY 38 (Years)	COLOR White. — AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Franklin Ida.	BIRTHPLACE Bear River City, Utah.
OCCUPATION Farmer	OCCUPATION Housewife- Teacher.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States
Physician

Given names added from a supplemental report.

..... 19....

*Address [illegible]

..... Registrar

Filed June 3 1922 [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-228-821-573

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

File No. 101205

County of Franklin

City of Mink Creek

No. ..... St. ..... Registration District No. 27

Hospital ..... Primary Registration District No. 2119 Registered No. 127

FULL NAME OF CHILD Flora Clara Keller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	5 28 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: Selestris Keller	FULL MAIDEN NAME: Clara Eglay
RESIDENCE: Mink Creek	RESIDENCE: Mink Creek
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler

Physician
(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed ..... 192 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]IFICATE OF BIR[illegible]
[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Mink Creek

Street:

County: Franklin

File Number: 101205

Registration Dist. No.: 34

Date of Birth: May 28 1922

Sex of Child: Female

Father: Selestres Keller (Full Name)

Mother: Clara Adell Egley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Flora Cleis Keller (Child's Name in Full)

Clara Keller (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

395-114-021-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek

No. ..... St.

Registration District No. 27

File No. 101206

Hospital .....

Primary Registration District No. 2119

Registered No. 128

FULL NAME OF CHILD D. Kay Lindsay
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	5 14 1922

What bactericidal solution was used in eyes? 20% Arygrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	LeRoy Lindsay	FULL MAIDEN NAME	Josephine Peterson
RESIDENCE	Mink Creek	RESIDENCE	Mink Creed
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn), at 7:05 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Preston, Idaho

Filed ..... 192.. Mrs Ida Lippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/18/41 Z.W.

Dept of 1922 - 103180

366-203-021-652

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Banida

No. ..... St.

Registration District No. 8119-27 File No. 101207

Hospital ..... Primary Registration District No. 27-19 Registered No. 135

FULL NAME OF CHILD Jean Lowe

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	5 3 1922

What bacteriolidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Scott D. Lowe	FULL MAIDEN NAME	Nellie Webb
RESIDENCE	Banida	RESIDENCE	Banida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Nevada
OCCUPATION	School Teacher	OCCUPATION	School Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Cutler

Physician
(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 3 1922 Mrs. Ida Lippels
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS [illegible] CERTIFICATE OF BIRTH
ED FOR EACH CHILD AND THE SAME COMPLETED WIT

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
AUG 27 1922
VITAL

Place of Birth — City: Banida

Street:

County: Franklin

File Number: 101207

Registration Dist. No.:

Date of Birth: May 2 1922

Sex of Child: Female

Father: Scott Donny Lowe (Full Name)

Mother: Nellie Hecht (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jean Lowe
Child's Name in Full

Nellie H. Lowe
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

769-124-021-793

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mapleton

No. ..... St. Registration District No. 27 File No. 101208

Hospital ..... Primary Registration District No. 2119 Registered No. 125

FULL NAME OF CHILD Dorian Frederick Porter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	May 24 1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frederick Earl Porter	FULL MAIDEN NAME	Jennie May Gilbert
RESIDENCE	Franklin County, Idaho	RESIDENCE	Franklin County, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Preston, Idaho

....., 19....

Registrar.

Filed ..... 192.. Mrs Ida Lippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1942

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

101210

County of Fremont

CERTIFICATE OF BIRTH

City of Ashton

Registration District No. ~~14~~ 102 File No. ~~[illegible]~~ ~~[illegible]~~ One

No. 154-231-022-154 St.

Primary Registration District No. ~~[illegible]~~ Registered No. ~~[illegible]~~ 114

Hospital

FULL NAME OF CHILD Anderson, May June

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.	5 - 31 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl W. Anderson	FULL MAIDEN NAME	Harriett Anderson
RESIDENCE	Ashton, Idaho	RESIDENCE	Ashton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. C. McCoham
Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Ashton, Ida.

Registrar

Filed 6-1-22 19

A. C. McCoham
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 2 1922

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 6/1 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ashton Idaho

Street: .....

County: Fremont

File Number: 101210 ~~101200~~

Registration Dist. No. .....

Date of Birth May 31 1922

Sex of Child: Female

Father: Carl Willard Anderson (Full Name)

Mother: Harriet Rowberry A... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mae June Anderson

Child's Name in Full

C. W. Anderson

Signature of Father or Mother

JUL 28 1967
JUL 8 1971

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
ILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are comd to furnish certified copies of certificates of birth, it is imt that the certificates be filed with the BUREAU OF VITAL STATISand the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Amend 8-14-84 d1

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

County of Fremont

CERTIFICATE OF BIRTH

101211

City of Ashton

Registration District No. 102 File No. 1

No. 619-226-022-619 St.

Primary Registration District No. 6 Registered No. 113

Hospital Idona Bernes Farnworth

FULL NAME OF CHILD Idona Farnworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	5-26-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Cyrus Farnworth	FULL MAIDEN NAME	Ora Cunningham Farnworth
RESIDENCE	Ashton, Idaho	RESIDENCE	Ashton, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:05 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Meacham

Phys.

(Physician or midwife)

Given names added from a supplemental report.

Address Ashton, Idaho

19

Filed 5-27-1922 C. C. Meacham

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-13-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 13 9 35 AM '84

State of Idaho
County of Fremont } ss.

Certificate No. 101211
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Odona Farnworth (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 26, 1922 (Date of Event)

in Ashton (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Odona Farnworth	Idona Bernes Farnworth

OFFICIAL SEAL
DANIEL A. WILSON
NOTARY PUBLIC - CALIFORNIA
SOLANO COUNTY
My Comm Expires Nov 17, 1987

Subscribed and sworn to before me this 18th day of July, 1984.

Notary Public, Daniel A. Wil

Residing at 470 Ellesmore Apt 17, Dixon, CA

My commission expires November 17, 1987

(Seal)

X Idona Bernes Farnworth Brown
Signature of Applicant

X 610 West D St. South
Street Address, City, State

State: Calif. County: Solano Dixon Calif 95620

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Nevada } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of July, 1984.

Notary Public, Susan A. Trudeau

Residing at Hwy. 88 Pine Grove Muckee

My commission expires Jan 3, 1986

(Seal)

OFFICIAL SEAL
SUSANNA TRUDEAU
NOTARY PUBLIC - CALIFORNIA
NEVADA COUNTY
My comm. expires JAN 3, 1986

Cleora Metteer
Supporting Signature

5609 Johns Dr Sacto Ca 95822
Street Address, City, State

1 cc pd

Certificate of Birth from LDS Church gives Idona Bernes Farnworth born May 26, 1922 in Ashton to George C. Farnworth and Ora C. Cunningham Entered on Record Aug 6, 1922. Viewed by V.S.

AUG 14 1984

Marriage record for Harold L. Brown and Idona Farnworth were married Aug 2, 1942 in Nevada. Viewed by V.S.

319-225-022-319

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Fremont

CERTIFICATE OF BIRTH

101212

City of Ashton

Registration District No. 102 File No. 1

No. ..... St.

Primary Registration District No. 6 Registered No. 112

Hospital .....

FULL NAME OF CHILD Mildred Irene Larson

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth 5-25-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer Larson	FULL MAIDEN NAME	Irene Bonnereau Larson
RESIDENCE	Ashton, Idaho	RESIDENCE	Ashton, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. McCracken

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ashton, Idaho

Filed 5-25-22, C. C. McCracken Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ashton

Place of Birth — ~~Street~~: .....

Place of Birth — County: Fremont -

File Number: 101212

Registration Dist: No. .....

Sex of Child: Female

Date of Birth: May 26 192 2

Father: Nels Elmer Larsen (Full Name)

Mother: Irene Lucile Bamm (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mildred Irene Larsen -
Child's Name in Full

Mrs. Irene Larsen -
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-205-022-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

Registration District No. 102

File No. 101213

No. ..... St.

Primary Registration District No. 6

Registered No. 111

Hospital

FULL NAME OF CHILD Emily Fern Hardy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	5-5-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Franklin Hardy	FULL MAIDEN NAME	Emily Cazier Hardy
RESIDENCE	Ashton, Idaho	RESIDENCE	Ashton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Meacham

Physician (Physician or Midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Ashton, Ida.

Filed 8-6-22 19.... C. C. Meacham Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1942

585-222-023-281

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6

File No. 101215

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Helen Isabel Nye
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	2 22 1922

What bactericidal solution was used in eyes? Ag no 3 1%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Everard Nye	FULL MAIDEN NAME	Etta Shaw
RESIDENCE	Cabarton Ida	RESIDENCE	Cabarton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Menominee Mis	BIRTHPLACE	McCall Ida
OCCUPATION	Contractor-logging	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2.45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Emmett

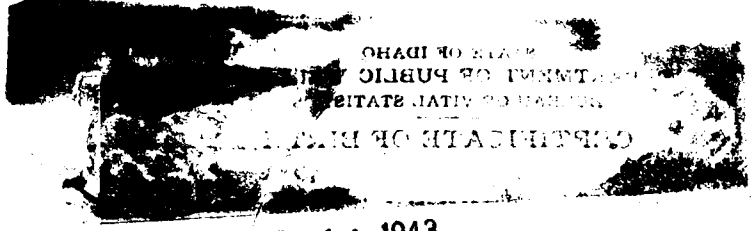
Filed 4/18 1922 J L Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 11 1943

SEP 7 1955

645-127-023-413

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett Rd

No. ..... St.

Registration District No. 6

File No. 101216

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Lumir Ernest Funda

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2 27 1922

What bactericidal solution was used in eyes? Argno 3 1%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank Funda	FULL MAIDEN NAME	Annie Matinek
RESIDENCE	Emmett Ida	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Czeco Slovakia	BIRTHPLACE	Czeco Slovakia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Filed 4/18 1922 J. A. Reynolds Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 27 1961

216-201-023-739

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. ..... St.

Registration District No. 6

File No. 101217

Hospital ..... Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Lucile Helen Sawyer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	4 / 1 / 192 2

What bactericidal solution was used in eyes? Argno 1%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Chas C. Sawyer	FULL MAIDEN NAME Laura B Glidden
RESIDENCE Emmett	RESIDENCE Emmett
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Iuana Iowa	BIRTHPLACE Elk River Minn
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 45 a M. on the date above stated.

(Signature) N. M. Cummings

(Physician or midwife)

Address Emmett Idaho

Filed 4/18 1922 J. L. Reynolds Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 2 1942

957-217-023-356

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 9

File No. 101218

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Bessie Elma Ingels

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	4 17 1922

What bactericidal solution was used in eyes? Argno. 1%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Marion Rae Ingels	FULL MAIDEN NAME	Eva Lewis
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Meriden Iowa	BIRTHPLACE	Springview Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or midwife)

Address Emmett

Filed 4/18 1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

...RAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
...THE NAME OF C...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett, Idaho

Street: .....

County: Gem

File Number: 101218

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: April 17 1922

Father: Marion Rae Ingels
Full Name

Mother: Iona Eva Lewis Ingels
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Bessie Elma Ingels.
Child's Name in Full

Marion Rae Ingels
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

243-103-023-238

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. ... 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Vicinity New Plymouth

No. ..... St.

Hospital .....

Registration District No. 4

Primary Registration District No. .....

File No. 101219

Registered No. .....

Full Name of Child ~~LA JIM WESTLY~~ Ed Butler

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: May (Month) 3 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ed Butler	FULL MAIDEN NAME	Elsie Schultz
RESIDENCE	Vicinity New Plymouth	RESIDENCE	Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Oklahoma	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Emmett Idaho

Filed 5/4 1922 J. L. Reynolds Registrar

N. B.—In case of more than one child at birth, a ... must be made of each, in order of birth stated.

...L REASONS WHY A CERTIFICATE OF BIRTH SHOULD
...H CHILD AND THE SAME COMPLETED WITH THE NAME O

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Payette

Certificate No. 101219

FEB 10 1942
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jim Westly Butler (Name on Original Certificate) who was born (Was Born or Died) on May, 3, 1922 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by memory (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Butler	Jim Westly Butler

Subscribed and sworn to before me this 9th
day of February, 19 42

O P Day
Notary Public, residing at New Plymouth Idaho
My commission expires 7/6,1945
(Seal)

Signed Elsie Sarah Butler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

New Plymouth, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of February, 19 42

O P Day
Notary Public, residing at New Plymouth, Idaho
My commission expires 7/6/1945
(Seal)

Signed Elsie Sarah Butler (Mrs)
(Signature of Any Credible Person Other Than Previous Year)

New Plymouth Idaho
(Street Address, City, State)

FEB 14 1942

796-103-023-5/6

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-4-15-18

CERTIFICATE OF BIRTH

County of Lemi

City of Montour

No. ..... St.

Registration District No. 6

File No. 101220

Primary Registration District No. .....

Registered No. .....

Hospital .....

WILLIAM ARTHUR

Full Name of Child [redacted] Gifford

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	May 3 1922

FATHER

FULL NAME: Ed Gifford

RESIDENCE: Montour Ida

COLOR: W AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Mary Vaughn

RESIDENCE: Montour

COLOR: W AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 ..... Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn), at 5:30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. G. Byrd M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 5/4 1922 J. K. Reynolds

Registrar

NOV 22 1943

612-106-023-643

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of GEM

City of EMMETT

No. ..... St.

Registration District No. 6 File No. 101221

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ALVA HOWARD WASHBURN
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE				YES	APRIL 6, 1922

What bacteriecidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: EDWARD P. WASHBURN	FULL MAIDEN NAME: ELSIE FULLER
RESIDENCE: EMMETT	RESIDENCE: EMMETT
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: OREGON	BIRTHPLACE: IDAHO
OCCUPATION: SHEEPSHEARER	OCCUPATION: HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30pm M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. BYRD, M.D.

(Physician or midwife)

Address EMMETT, IDAHO

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed 4/10 1922 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

985-103-023-249

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6

File No. 101222

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Floyd Leonard Rymearsson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	March 3 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	William Rymearsson	FULL MAIDEN NAME	Rebecca Smith
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Douglas
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 4/8 1922 J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1942

299-127-023-351

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6

File No. 101223

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Chris Dee Brice
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3 27 1922

What bactericidal solution was used in eyes? 1% Agnos

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Herbert Brice	FULL MAIDEN NAME	Sue Ledbetter
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Rogersville Tenn.	BIRTHPLACE	Rogersville Tenn
OCCUPATION	Farm laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 25 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician ~~or midwife~~)

Address Emmett

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed 4/18 1922 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1942

633-123-028-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St. ..... Registration District No. 6 File No. 101224

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Keith Edward Otterson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		Yes	3 23 1922

What bactericidal solution was used in eyes? 1% Argno 3

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Christian Otterson	FULL MAIDEN NAME	Muriel E Chapin
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Norway	BIRTHPLACE	Montpelier Ida
OCCUPATION	Lumber Piler	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Cummings

(Physician or midwife)

Address Emmett

Filed 4/18 1922 J. L. Reynolds Registrar.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-205-023-639

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ____ St. Registration District No. 6 File No. 101225

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Lula Mae McCuan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	4 5 1922

What bactericidal solution was used in eyes? 1% Ag no 3

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John F McCuan	Daisy Oliver
RESIDENCE	Emmett Ida	Emmett Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	32
BIRTHPLACE	Vienna Illinois	Polk Co. Ill
OCCUPATION	Sawmill laborer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings
(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 4/18 1922 J. A. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTM[illegible] PUBLIC WELFARE

[illegible], Idaho, JUN 1 [illegible] 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Emmett
- Street: Washington
- County: Gem.

File Number: 101225

Registration Dist. No.:

Date of Birth: april, 5 1922

Sex of Child: Female

Father: John F. McCuan
Full Name

Mother: Daisy F. Oliver
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Lula. Mae. McQuan.
Child's Name in Full

John McCuan
Signature of Father or Mother

K

JAN 29 1919

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

314-217-023-43

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. ____ St.

Registration District No. 6

File No. 101226

Hospital ____

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD Josephine Jane Campbell

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 17 1922

What bacterioidal solution was used in eyes? 1% Argyro 3

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Joseph J Campbell	FULL MAIDEN NAME Belle McGrossen
RESIDENCE Emmett	RESIDENCE Emmett Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Providence Utah	BIRTHPLACE Falk Ida
OCCUPATION Sawmill Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 10 42 a **M. on the date above stated.**

(Born alive or stillborn)

(Signature) R. N. Cummings

(Physician or midwife)

Address Emmett

Filed 4/18 1922 J. L. Reynolds

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of..... } ss.
County of..... }

Certificate No. #181226
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....
(Birth or death)

for..... who..... on.....
(Name on original certificate) (Was born or died) (Date of event)

in..... are erroneous or were omitted; and that, to the best of his knowledge, the true
(Place of event)

facts as shown by..... prepared on....., are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
.....	.....	Josephine Garr Campbell
.....	.....	.....
.....	.....	.....

Subscribed and sworn to before me this.....
day of....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
[SEAL]

Signed R N Cummings
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

.....
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of..... } ss.
County of..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....
day of....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
[SEAL]

Signed.....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on..... by.....
(Registrar's signature)

866-206-023-291

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. ..... St.

Registration District No. 6

File No. 101227

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Margaret Eileen Howard
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month / Day / Year)
Female			yes	5 / 6 / 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Roy Irving Howard	FULL MAIDEN NAME	Lucy Elnora Brady
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4-35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 6/10 1922 J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

369-225-023-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Ada
City of Emmett
No. ..... St. ..... Registration District No. 6 File No. 101228
Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Roberta Mae Cornwall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	2 25 1922

What bactericidal solution was used in eyes? Argnos 1%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Jos. Alexander Cornwall	FULL MAIDEN NAME Nellie Slate
RESIDENCE Emmett	RESIDENCE Emmett
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Big Cottonwood Utah	BIRTHPLACE Missouri
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. A. Cummings
(Physician or midwife)

Address Emmett

Filed 5/18 1922 J. A. Reynolds Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1942

DEC 2 2 1953

789-225 023-367

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

JUN 6 1922
BUREAU OF VITAL STATISTICS

No. ..... St. ..... Registration District No. 6 File No. 101229

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Anna Phipps
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 25 1922

What bactericidal solution was used in eyes? 1% Argno 3

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	William J Phipps	FULL MAIDEN NAME	Fannie Cox
RESIDENCE	Emmett	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Independence Va	BIRTHPLACE	Independence Va
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 55 P M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 6/6 1922 J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

336-207-008-666

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUN 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 101230

County of Boise

City of Horseshoe Bend

No. ____ St. Registration District No. 6

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Avis Prudence Clouse
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	6/7/1922

What bactericidal solution was used in eyes? Silver Nitrat 1/2 % Sol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Cecil Colon Clouse	FULL MAIDEN NAME	Lillie May Woodfin
RESIDENCE	Horseshoe Bend	RESIDENCE	Horseshoe Bend
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-50 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 5/17/1922 J L Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 27 1972

CLOUSE

Dept of 1922 - 106212

101

355-227-023-959

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 8 1922
BUREAU OF VITAL STATISTICS

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6 File No. 101231

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Loretta Edith Lee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	5 - 27th 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Bryant Lee	FULL MAIDEN NAME	Irene Lillie Reitz
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	80	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kentucky	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1-10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
Emmett Ida
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address .....

Filed 5/28 1922 J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Klickitat } ss.

Certificate No. 21436

Date Filed APR 20 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Loretta Lee (Name on Original Certificate) who born (Was Born or Died) on Lay 27, 1922 (Date of Event)
in Emmett Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	June 10, 1920	May ~~June~~ 27, 1922
age of mother	20	22
number.	2d child	3d

Subscribed and sworn to before me this 16
day of March, 1942

Charles A Beeler
Notary Public, residing at Glenwood

My commission expires December 10, 1943
(Seal)

Signed Mrs Irene Lane
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Glenwood, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash.
County of Franklin } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of April 5, 1942

Notary Public, residing at Pasco

My commission expires 8-1-43
(Seal)

Signed Mrs Louis Brown
(Signature of Any Credible Person Other Than Previous Year)

425 Nixon St. Pasco
(Street Address, City, State)

Wm

414-216-023-414

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6 File No. 101232

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Rosalie Gertrude Madsen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	5-16-1922

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Holger S. Madsen	Mary Maddox
RESIDENCE	Emmett	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	22
BIRTHPLACE	Denmark	Mass
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1-50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett Ida

Filed 5/17 1922 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 1 1944

269-105-023-254

PLACE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUN 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 101233

Primary Registration District No. 6 Registered No. .....

FULL NAME OF CHILD Walter Andrew Sorensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	6 - 3 - 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Andrew C. Sorensen	FULL MAIDEN NAME Etta Eliza Bentler
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11-50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 9/6 1922 J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-221-023-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St. ..... District No. 6 ..... File No. 101234

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dareas Evalyn Peebles

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	4 2 1922

What bactericidal solution was used in eyes? 1% Argo 2

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lindley Peebles	FULL MAIDEN NAME	Bessie Graham
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Council Ida	BIRTHPLACE	Payette Ida
OCCUPATION	Lumber Piler	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-35 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Cummings

(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 5/8 1922 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-30-41
not paid
Money Order in mail.

DEC 30 1941

177-208-023-454

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Letha

No. ..... St.

JUN 8 1922 BUREAU OF VITAL STATISTICS

Registration District No. 6 File No. 101235

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ EUNICE MAE ~~[illegible]~~ Applegate

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	Yes	4 - 8 - 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Lester Applegate	FULL MAIDEN NAME	Vivian Unice Demo
RESIDENCE	Letha Ida	RESIDENCE	Letha Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	new
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O Clark

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett Ida

Registrar.

Filed 6/1 1922 J L Reynolds Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 4 1949

415-128-023-493

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 4 File No. 101236

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald Lee Mans

Sex of Child male | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 4 - 28 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bud Mans	FULL MAIDEN NAME	Bertha Mills
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Oreg	BIRTHPLACE	Wyo.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 30 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O Clark MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett Ida

Registrar.

Filed 4/20 1922 J L Raynaud Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1964

APR 15 1959

861-228-024-238

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 23 1922 VITAL

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

Registration District No. 24

File No. 101238

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD CLYDE SHIRLEY Hoag
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Feb. 28 1922

What bactericidal solution was used in eyes? 10% Argyrol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	C. A. Hoag	FULL MAIDEN NAME	Marguerite Schumann
RESIDENCE	Wendell	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Ger.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9.30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Buhl Ida

Filed 5-6- 1922 F. T. Cary M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/15/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane }

MAY 12 1941

Certificate No. 101238
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Clyde Shirley Hoag (Birth ~~or death~~)
for Clyde Shirley Hoag (Name on original certificate) who February 28, 1922 (Was born ~~died~~) on (Date of event)
in Wendell, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Memory (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date of birth	1921	1922
Name	Not named at time	Clyde Shirley Hoag

Subscribed and sworn to before me this 10th day of May, 1941.

E. W. Dolphin

Notary Public, residing at Spokane

My commission expires May, 1943

[SEAL]

Signed C Hoag
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

[redacted]
1711 E. Sprague Ave., Spokane, Wash.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Washington } ss.
County of Spokane }

189-125-024-259

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24

File No. 101239

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Bruce Ayres

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	Apr 25 1922

FATHER		MOTHER	
FULL NAME	John Ayres	FULL MAIDEN NAME	Esther Keith
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A M. on the date above stated.

(Signature) F. F. Campbell

(Physician or midwife)

Address Gooding Idaho

Filed 5-2-1922 F. F. Campbell Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

1 copy issued 11/13/40 L.B.

291-114-024-852

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24

File No. 101240

No. ..... St.

Hospital Gooding Deaconess

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Bradford

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	April 14 22

FATHER		MOTHER	
FULL NAME	S J Bradford	FULL MAIDEN NAME	Katherine Hewetson
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	England
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4-30 P M. on the date above stated.

(Signature) F. F. Camp M.D.

(Physician or midwife)

Address Gooding Idaho

Filed 4-17-22

F. F. Camp M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

868-229-024-367

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101241

County of Gooding

City of Gooding

Registration District No. 24

File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Hoyle Doris Marie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Apr 29 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C W Hoyle	Beulah Cox
RESIDENCE	Gooding Idaho	Gooding Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Kan	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P M. on the date above stated.

(Signature) F. F. Carey M.D.

(Physician or midwife)

Address Gooding Idaho

Filed 5-2-1922 F. F. Carey M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 16 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Place of Birth — Street:

Place of Birth — County: Gooding

File Number: 101241

Registration Dist. No.:

Sex of Child: Female

Date of Birth: April 29th 192 2.

Father: Charles William Hoyle
Full Name

Mother: Beulah May Cox
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Doris Marie Hoyle
Child's Name in Full

Mrs. C. W. Hoyle
Signature of Father or Mother

FEB 16 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

295-220-024-415

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101242

County of Gooding

City of Gooding

Registration District No. 24 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Deloris Singer

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Apr. 20 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Adolph Singer	FULL MAIDEN NAME	Emma Davis
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Verbryck per J. Z.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Gooding Idaho

Filed 5-6-1922 F. T. Carey M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 20 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 16 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full-name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding Idaho

Street: Nebraska St.

County: Gooding

File Number: 101242

Registration Dist. No.:

Sex of Child: Female

Date of Birth: April 17, 1922 1922

Father: Adolph Hans Minnes Singer (Full Name)

Mother: Emma Louise Davis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Deloris Singer
Child's Name in Full

Mrs. Emma Singer
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

84-225-024-855

Form V. S. No. 21-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922

County of Gooding — Registration District No. 24 — File No. 101243

City of Gooding — No. [redacted] St.

Hospital — Primary Registration District No. — Registered No.

FULL NAME OF CHILD MARIAN LOUISE [redacted] — HUME

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 25 1922

FATHER

FULL NAME	Tony [redacted] HUME
RESIDENCE	Gooding
COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Missouri
OCCUPATION	Auto Dealer

MOTHER

FULL MAIDEN NAME	Margaret Henry
RESIDENCE	Gooding
COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa
OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:15 A M. on the date above stated.

(Signature) H E Lamb per a. z.

(Physician or midwife)

Address Gooding Idaho

Filed 5-6-1922 F. V. Campbell Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 1 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....
Street .....
County Gooding

File Number 101243

Registration Dist. No. .....

Date of Birth Apr 20 192.2

Sex of Child Female

Father Thomas W. Hume
Full Name

Mother Margaret Henry
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Marian Elizabeth Hume
Child's Name in Full

Mrs. T. W. Hume
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 10248

Date Filed

I, The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marian Ely Hume (Name on Original Certificate) who Born (Was Born or Died) on Apr. 25, 1922 (Date of Event)
in Gooding Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Marian Ely Hume	Marian Lowell - Hume

Subscribed and sworn to before me this 31st
day of March, 1942

Marion E. Orr
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(Seal)

Signed Roy R. Hume
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Elks Club - Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

I, The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of March, 1942

Winifred M. Gray
Notary Public, residing at Boise Idaho
My commission expires Oct. 26, 1943
(Seal)

Signed Virginia Hume
(Signature of Any Credible Person Other Than Previous Year)

511 Bannock - Boise, Idaho
(Street Address, City, State)

249-127-024-693

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 101244

Primary Registration District No. 2 Registered No. ____

FULL NAME OF CHILD Howard Graham Smith

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	4-27-1922

What bacteriocidal solution was used in eyes? 10% Sol Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Carl C Smith	FULL MAIDEN NAME	Harriett Williams
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	Auto salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician or midwife)

Address Gooding Idaho

Filed 5-10-1922 F Campbell

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 8 1942

422-203-024-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

County of Gooding

City of

No. St.

Hospital

Registration District No. 24

File No. 101245

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Helen Ussery
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl		yes	4 - 3 - 192[illegible]

What bactericidal solution was used in eyes? 10 o/o Sol. Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Tecumseh Ussery	FULL MAIDEN NAME	Pearl Colson
RESIDENCE	Gooding, Ida	RESIDENCE	Gooding, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Railroad laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.
(Physician or midwife)

Address Gooding, Ida

Filed 5-10 1922 F F Cary M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1942

992-217-026-714

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of "

No. ..... St. Registration District No. 24 File No. 101246

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Margaret Mary Rist
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl		yes.	Apr. 17 1922

What bactericidal solution was used in eyes? 10 % Sol. Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Frank E. Rist	FULL MAIDEN NAME	Mary Pauly
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding, Ida.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kan.	BIRTHPLACE	Nebr.
OCCUPATION	Farming.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.
(Physician or midwife)

Address Gooding, Ida

Filed 5-10 1922 J H Cary M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-219-024-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Gooding
City of "
No. ..... St.
Hospital .....

Registration District No. 24
Primary Registration District No. .....

File No. 101247
Registered No. .....

FULL NAME OF CHILD Edna June Cox
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl		yes.	4-19-1922

What bactericidal solution was used in eyes? 10 o/o Sol. Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Troy Preston Cox	FULL MAIDEN NAME	Elsie Jones.
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32.	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Va.	BIRTHPLACE	Va.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.
(Physician or midwife)

Address Gooding, Ida

Filed 5-10-1922 F. Cuymo
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1947

363-22-024-291

PLACE OF BIRTH

RECEIVED MAY 23 19[illegible]
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding, Ida.

City of Bliss

No. ..... St.

Registration District No. 24

File No. 101248

Hospital ..... Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Olive Louise Colvin

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes.	4-21-1922

What bactericidal solution was used in eyes? 10 o/o Sol Argyrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Fred Colvin	FULL MAIDEN NAME	Edith Bray
RESIDENCE	Bliss, Ida.	RESIDENCE	Bliss, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Mich.	BIRTHPLACE	Kan.
OCCUPATION	Farming.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Address Gooding, Ida.

Filed 5-10-1922 J. J. Carey M.D.

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1974

253-222-024-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1927
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101249

County of Gooding
City of "
No. ____ St.
Registration District No. 24
File No. ____
Hospital ____
Primary Registration District No. ____
Registered No. ____

FULL NAME OF CHILD Dorothy Grace Beckett.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes.	Apr. 22 1927

What bacteriocidal solution was used in eyes? 1 o/o Sol. Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Geo. A. Beckett	FULL MAIDEN NAME	Grace Gunn
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36.	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 ♂ M. on the date above stated.

(Signature) J H Cromwell M. D.
(Physician or midwife)

Address Gooding, Ida

Filed 5-10-1927 Frances M D
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP [illegible] 1941

613-122-024-612

PLACE OF BIRTH

RECEIVED
MAR 28 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101250

County of Gooding
City of "
No. ____ St.
Registration District No. 24
File No. ____
Hospital ____
Primary Registration District No. ____
Registered No. ____

FULL NAME OF CHILD Robert Fales Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy.			yes.	Apr. 22. 1922

What bacteriolal solution was used in eyes? 10 o/o Sol. Argyrol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Hugh Emmett Walker	FULL MAIDEN NAME	Daisy M. Fales
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40.	AGE AT LAST BIRTHDAY (Years)	37.
BIRTHPLACE	Va.	BIRTHPLACE	Mass.
OCCUPATION	Travelling Salesman.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10-45 P. M. on the date above stated.

(Signature) J H Cromwell M.D.
(Physician or midwife)

Address Gooding, Ida.

Filed 5-10-1922 F F Camp M.D.
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/28/40 L. E.

AUG 23 1946

261-108-024-846

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU
STAT

CERTIFICATE OF BIRTH

101251

County of Gooding

City of "

No. ..... St. ..... Registration District No. 24 ..... File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Laird Burton Swan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy.		yes.	4-8-1922

What bactericidal solution was used in eyes? 10 o/o Sol. Argyrol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank F. Swan.	FULL MAIDEN NAME	Jeanette K. Huff.
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding, Ida.
COLOR	white AGE AT LAST BIRTHDAY 40 (Years)	COLOR	white AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Minn.
OCCUPATION	Newspaper Publisher	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Gooding, Ida.

Filed 5-6 1922 F F Cary MD
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1941

384-228-025-384

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STA[redacted]
BUREAU OF [redacted]STICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103 File No. 101252

No. ..... St.

Primary Registration District No. 2181 Registered No. 21

Hospital .....

FULL NAME OF CHILD Patricia Arline Chaney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	4 (Month) 28 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Lewis Everett Chaney	FULL MAIDEN NAME	Alpha Doris Chase
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Stronghurst Ill	BIRTHPLACE	Grangeville Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Chapman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Grangeville Ida.

Filed May 1 1922 G. S. Stickton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 28 1942

[redacted]

289-123-025-636

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101253

County of Idaho

City of Grangeville Registration District No. 103 File No.

No. St.

Primary Registration District No. 1001 Registered No. 20

Hospital

FULL NAME OF CHILD William Edward Shillito

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	April 23 1922

FATHER		MOTHER	
FULL NAME	William Edward Shillito	FULL MAIDEN NAME	Pluk Frances Powers
RESIDENCE	Spokane Wash	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Dean Wash	BIRTHPLACE	Grangeville Ida.
OCCUPATION	Student	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) B Chipman

Physician

(Physician or midwife)

Address Grangeville Ida

Filed May 1 1922 G B Stocklin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1959

SEP 13 1963

813-113-025-954

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. 101254

Primary Registration District No. 2181 Registered No. 18

FULL NAME OF CHILD Keith O'Neil Hackett
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Feb. 13 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	H. H. Hackett	FULL MAIDEN NAME	Clara Inman
RESIDENCE	Burgdorf Idaho	RESIDENCE	Burgdorf Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Kentucky	BIRTHPLACE	Arkansas
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) H. H. Hackett Father
(Physician or midwife)

Address Grangeville Idaho

Filed March 1 1922 O. E. Stockton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1944

AUG 23 [redacted]

893-109-025-365

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101255

County of Idaho

City of Grangeville

No. ____ St.

Registration District No. 103

File No. ____

Hospital ____

Primary Registration District No. 1001

Registered No. 18

FULL NAME OF CHILD James Wilson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	April 9 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Otto P Wilson	FULL MAIDEN NAME	Edna Long
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 30 A. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) G S Stockton

(Physician or midwife)

Address Grangeville Ida.

Filed May 1 1922 G S Stockton

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-227-025-293

PLACE OF BIRTH AMENDED CHILD'S NAME & DATE OF BIRTH 7-20-99 MS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C ~~25m-7-21-19~~

CERTIFICATE OF BIRTH

County of Idaho

City of Kamiah Registration District No. 49 File No. 101256

No. ..... St.

Primary Registration District No. 749 Registered No. .....

Hospital ..... MARY HARRIET DINWIDDIE

FULL NAME OF CHILD Mary Harriet Dinwiddie

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
f				yes	April 27 1899

FATHER	MOTHER
FULL NAME M. Lemuel Dinwiddie	FULL MAIDEN NAME Leaphy mae Billow
RESIDENCE Greenwood, Kamiah Id.	RESIDENCE Kamiah Id.
COLOR white	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Iowa	COLOR white
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 35 (Years)
	BIRTHPLACE Iowa
	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 40 P. M. on the date above stated.

(Signature) O. A. Bryan M. D.

(Physician or midwife)

Address Kamiah, Id.

Filed: 5/9 1922 C. J. Johnson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 10 1942

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

7-8-99

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
99 JUL 14 PM 12:25

State of _____ } ss.
County of _____

Certificate No. 1922-101256
Date Filed MAY 8, 1922

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for MARY HARRIETT DINWIDDIE (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on APRIL 27, 1922 (Date of Event)

in KAMIAH (IDAHO) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	MARY HARRIETT DINWIDDIE	MARY HARRIET DINWIDDIE
CHILD'S BIRTHDATE	APRIL 27, 1922	APRIL 26, 1922

Subscribed and sworn to before me this 12th day of July 1999.

Notary Public, [illegible] Bouder
Residing at [illegible]
My commission expires 5-4-04
(Seal)

HEIDI BOUDER NOTARY PUBLIC STATE OF IDAHO

x Mary Harriet Chodbourne
Signature of Applicant

x P.O. Box 2758 Hayden ID 83835
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

K

N.M.

FAMILY RECORD SHOWS MARY HARRIET DINWIDDIE BORN APRIL 26, 1922 IN KAMIAH IDAHO ACCORDING TO FAMILY BIBLE SIGNED BY ETHEL MAY MORRIS ON FEB. 21, 1992 VIEWED VS.

CERTIFICATE OF BAPTISM FROM THE BENGE COMMUNITY CHURCH SHOWS MARY HARRIET CHABOURNE BORN TO ROBERT SAMUEL DINWIDDIE AND LEAPHY MAY DINWIDDIE ON APRIL 26, 1922 IN KAMIAH (IDAHO) ID VIEWED VS.

855-202-031-863

[redacted] No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No. 49 File No. 101257

No. ..... St.

Primary Registration District No. 2428 Registered No. .....

Hospital .....

FULL NAME OF CHILD Hensen Sylvia Faith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	May (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Hensen	FULL MAIDEN NAME	Nellie Hollingsworth
RESIDENCE	Harrisburg,	RESIDENCE	Harrisburg,
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A H Bryanson M

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kamiah Id

Filed 5/8 1922

I J Johnson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 16 1922 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Kamiah
- Street: Idaho
- County: Lewis

File Number: 101257

Registration Dist. No.:

Date of Birth: May 2 1922

Sex of Child: Female

Father: [illegible] Henson
Full Name

Mother: Nellie Hollingsworth
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Sylvia Faith Henson
Child's Name in Full

[illegible] Henson
Signature of Father or Mother

MAY 2 2 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

797-109-031-231

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Kansas

Registration District No. 49 File No. 101258

No. ..... St.

Primary Registration District No. 24 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baby~~ Piper Rachiel Esther

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	X	yes	April 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Piper	FULL MAIDEN NAME	Goldie Standish
RESIDENCE	Kansas	RESIDENCE	Kansas
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:46 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Bryan, M.D.

Kansas (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kansas Ida

Filed 4/8 1922

C. J. Johnson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

RECEIVED
JUN 24 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 16 1922 192.2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Kamiah; Street; County Lewis

File Number 101258

Registration Dist. No.

Sex of Child F E Male

Date of Birth Apr 9 192.2

Father Mr. Chas. Sanford Piper (Full Name) Mother Goldie Elizabeth P (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Rachel Esther Piper
Child's Name in Full

Mrs. Chas. S. Piper
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
ILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are comd to furnish certified copies of certificates of birth, it is imnt that the certificates be filed with the BUREAU OF VITAL STATISand the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

334-129
025-466

PLACE OF B[redacted]TE OF IDAHO
[redacted]F VITAL STATIS[redacted]

25m-9-8-17

RECEIVED
MAY 23 1922
BUREAU OF VITAL

CERTIFICATE OF BIRT[redacted]

County of Idaho

City of Kooskia

Registr[redacted] 10 6

File No. 101259

No. ..... St.

Primary Registration District No. 2184

Registered No. 12

Hospital .....

FULL NAME OF CHILD Giles William Clute

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	March 29 1922

FATHER		MOTHER	
FULL NAME	J. L. Clute	FULL MAIDEN NAME	Elsie Moore
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	N. Carolina	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Clute Jr.

Father (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia - Idaho

Filed May 1 1922 J M Verbeckmeyer Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR. 9 1943

DECEASED

819-215-025-363

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

County of Idaho

City of States

Registration District No. 106

File No. 101260

No. St.

Primary Registration District No. 2184

Registered No. 13

Hospital

FULL NAME OF CHILD Sadie Elizabeth Harrington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Apr 15 1922

FATHER		MOTHER	
FULL NAME	Orval Lewis Harrington	FULL MAIDEN NAME	Barbara Reona Collins
RESIDENCE	Near States	RESIDENCE	Near States
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (born alive or stillborn) at 5 40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Wentworth M.D.

(Physician or midwife)

Address States Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed May 1 1922

J. M. Verbeke
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 13 1956

OCT 22 1959

666-128-025-294

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 106 File No. 101261

Primary Registration District No. 2184 Registered No. 15

FULL NAME OF CHILD Gene Oliver Wood

Sex of Child	Twin ~~Triplet or other~~ Twin and Number in order of birth 12th (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Apr 28 1922 (Month) (Day) (Year)
Male			

FATHER		MOTHER	
FULL NAME	Arden Ray Wood	FULL MAIDEN NAME	Clara Bruner
RESIDENCE	Unknown	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	So Dakota
OCCUPATION	Lumberjack	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Stites Idaho

Filed 1 May 1 1922 J M Weber Kmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-128-025-294

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Idaho

City of Stites

Registration District No. 106

File No. 101262

No. ..... St.

Primary Registration District No. 2184

Registered No. 14

Hospital .....

FULL NAME OF CHILD George Wentworth Wood

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		11th	Yes	Apr 28 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arden Ray Wood	FULL MAIDEN NAME	Clara Bunner
RESIDENCE	Unknown	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	So Dakota
OCCUPATION	Lumberjack	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Stites Ida

Filed May 1 1922 J M Weber Kruse
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

? 1946

415-126-025-38

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101268

County of Idaho

City of Grangeville Registration District No. 105 File No. 25

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD James Gerald Manning.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Nov. 26 1922

FATHER	MOTHER
FULL NAME Floyd Manning.	FULL MAIDEN NAME Evelyn Marie Chase
RESIDENCE Grangeville	RESIDENCE Grangeville
COLOR W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley Orr M.D.

(Physician or midwife)

Address Cottonwood

Given names added from a supplemental report.

____ 19____

Registrar

Filed 5-6 1922 W. F. Ord

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

274-224-025-762

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 101264

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Elizabeth Martha Sprute

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F				Yes	Apr.	24	1922

FATHER

FULL NAME Andrew Sprute

RESIDENCE Cottonwood

COLOR W. AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Kan.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Angelica Gossner

RESIDENCE Cottonwood

COLOR W. AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Switzerland

OCCUPATION Home wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

(Signature) Wesley Orr M.D.

(Physician or midwife)

Address Cottonwood Idaho.

Filed 5-6 1922 W. F. Orr Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

JAN 6

239-113-025-893

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101265

County of Idaho

City of Ferdinand

Registration District No. 105 File No. 23

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Jack Machin Strickfaden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	April 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Strickfaden	FULL MAIDEN NAME	Aubra Bell Hill
RESIDENCE	Ferdinand	RESIDENCE	Ferdinand
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ore.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4. a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Cottonwood Idaho.

Filed 5/6 1922 W. F. Orr

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1942

113-210-025-793

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101266

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 22

No. ..... St.

Primary Registration District No. 283 Registered No. .....

Hospital .....

FULL NAME OF CHILD Bernice Matilda Jacobs.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes.	Apr 10 1922

FATHER		MOTHER	
FULL NAME	Lawrence Jacobs.	FULL MAIDEN NAME	Anna Gilbertz
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wash.	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Address Cottonwood Ida.

Filed 5-6 1922 W. F. Orr
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

964-209-025-659

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101267

County of Idaho

City of Ferdinand

Registration District No. 105 File No. 21

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Evelyn Helen Godrow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	Apr. 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ollie Godrow.	FULL MAIDEN NAME	Emma Weis
RESIDENCE	Ferdinand	RESIDENCE	Ferdinand
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Minn.
OCCUPATION	Merchant.	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:10 P. M., on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Cottonwood Idaho.

Filed 5-6 1922 W. F. Orr Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 1961

653-107-025-267

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101268

PLACE OF BIRTH

County of Idaho.

City of Cottonwood

Registration District No. 105 File No. 20

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Paul Jacob Welte

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	April 7 1922

FATHER		MOTHER	
FULL NAME	Jacob Welte.	FULL MAIDEN NAME	Celia Kopczynski
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa.	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	House wife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P. M., on the date above stated.

(Signature) Wesley F. Orvel M.D.

(Physician or midwife)

Address Cottonwood Ida.

Filed 5-6 1922 W. F. Orvel Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

254-102-025-547

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Registration District No. 105 File No. 101269

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Herbert Anthony Seubert.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Apr. 2 1922

FATHER	MOTHER
FULL NAME: August M. Seubert	FULL MAIDEN NAME: Elizabeth B. Uhrell
RESIDENCE: Cottonwood	RESIDENCE: Cottonwood Ida.
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Idaho.	BIRTHPLACE: Idaho.
OCCUPATION: Farmer & Insurance	OCCUPATION: Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:15 P. M. on the date above stated.

(Signature) Wesley F. Orrel M.D.

(Physician or midwife)

Address Cottonwood Ida.

Filed 5-6 1922 W. F. Orrel Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

296-221-025-214

PLACE OF BIRTH

County of Idaho

City of Kenterville

No. ..... St.

Hospital .....

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101270

Registration District No. 105 File No. 26

Primary Registration District No. 2883 Registered No. .....

FULL NAME OF CHILD Leona Bernadine Brocke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	2 (Month) 21 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Peter Brocke	FULL MAIDEN NAME	Elizabeth Bause
RESIDENCE	Kenterville Idaho	RESIDENCE	Kenterville Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Peter Brocke
Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kenterville Idaho

Filed 5-6 1922 W. F. Orr
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 22 1969

652-209-025-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

RECEIVED MAY 25 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Greencreek — Registration District No. 106 — File No. 101271

No. ——— St. — Primary Registration District No. 2183 — Registered No.

Hospital or Home

FULL NAME OF CHILD Loretta Kathryn Westhoff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 9 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Barney Westhoff	Scholastica Angela Sonnen
RESIDENCE	Green Creek	Green Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	28
BIRTHPLACE	Ft Madison Iowa	Uniontown, Wash
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born live (Born alive or stillborn) April 9 at 3 A. M. on the date above stated.

(Signature) J. D. Shinnick M.D.

(Physician or midwife)

Address Cottonwood, Ida.

Filed 6-6 1922 W. F. Orr
Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

469-201-025-494

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101272

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Idaho
City of Westlake
No. ..... Registration District No. 105 File No. 28
Hospital ..... Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Ellen Marguette Norberg
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? — and — Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	April 1 1922

What bactericidal solution was used in eyes? Boracic Acid solution

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Charles Newton Norberg	FULL MAIDEN NAME Annie Agnes Drube
RESIDENCE Westlake, Idaho,	RESIDENCE Westlake, Idaho.
COLOR White	COLOR white
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Washington	BIRTHPLACE Kansas
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) X Mrs E M Tetrick

Midwife
(Physician or midwife)

Address X Westlake Idaho

Filed 5-6 1922 W.F. Orr
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20 1967

693-206-025-249

Form V. S. No. 11-C—Rev. 1-1-18

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101273

County of Idaho

City of Westlake

Registration District No. 105 File No. 29

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Lucile Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		1st	yes	4 6 1922

FATHER		MOTHER	
FULL NAME	Joseph E Wilson	FULL MAIDEN NAME	Estella Smith
RESIDENCE	Westlake	RESIDENCE	Westlake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Missouri
OCCUPATION	Carp Labor	OCCUPATION	House Keeping

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at Elk 11:30 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Eastman

Midwife (Physician or midwife)

Address Westlake Ida.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 5-6 1922 W. F. Orr Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

21-223-025-265

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

County of Idaho

City of Ferdinand — Registration District No. 105 — File No. 101274

No. ..... St. — Primary Registration District No. 2183 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Marcella Sarbacher

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	April 23, 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph F. Sarbacher	Gertrude M. Sonnen
RESIDENCE	Ferdinand Idaho	Ferdinand Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Verham, Minn	Greencreek, Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address Ferdinand, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed May 6 1922

W. F. Orr

Registrar

619-123-025-755

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

101275

County of Idaho

City of Cottonwood

MAR 23 1922
BUREAU OF VITAL STATISTICS

Registration District No. 105 File No. 31

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Richard Mansel Farthing

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Stephen Justice Farthing	FULL MAIDEN NAME	Jenny Gentry
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Ida

Filed 5-6 1922 W. F. Orr

Registrar

Registrar

MARG

WRITE PLAINLY WITH

N. B. In case of more than ... in order of birth stated.

... AGATE RETURN must be made for each

485-106
025-966

V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103 File No. 101277

No. ..... St.

Primary Registration District No. 1001 Registered No. 25

Hospital .....

FULL NAME OF CHILD Lynn Douglas Myers

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	May 6 1922

FATHER	MOTHER
FULL NAME Charles Augusto Myers	FULL MAIDEN NAME Clara Christenia Roos
RESIDENCE Grangeville Ida	RESIDENCE Grangeville Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE San Bernadina Calif	BIRTHPLACE Sweeden
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Chipman
Physician
(Physician or midwife)

Address Grangeville Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 1 1922 G S Stockton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 23 1943

DEC 24 1943

5/26/41 L. B.

415-103-026-351

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 101278

Primary Registration District No. 2181 Registered No. 24

FULL NAME OF CHILD Raymond Gerald Manering

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5 - 3 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ahrra Henn Manering	FULL MAIDEN NAME	Irris Feddelia Leay
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Garfield Wn.	BIRTHPLACE	Grangeville Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.9. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Chapman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Grangeville Ida

Filed June 1 1922 G. B. Stickline Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1953
FEB 1 1963

369-231-025-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho
City of Grangeville
No. ..... St.
Hospital
Registration District No. 103
Primary Registration District No. 2181
File No. 101279
Registered No. 23

FULL NAME OF CHILD Jennie May Twilegar
(Certificate of no value without full name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	May 31 1922

What bactericidal solution was used in eyes? 10% Sol Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Leslie Twilegar	FULL MAIDEN NAME	Ruby E Smith
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-30 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) G S Stockton
(Physician or ~~midwife~~)
Address Grangeville Ida

Filed June 1 1922 G. S. Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 12 1972

349-119-02-5-238

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 6 1922 BUREAU OF VITAL STATISTICS

County of Idaho

City of Grangeville

No. ..... St. ..... Registration District No. 103 File No. 101280

Hospital ..... Primary Registration District No. 2-181 Registered No. 22

FULL NAME OF CHILD Delbert Wallace Curtis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	May 19 1922

What bactericidal solution was used in eyes? 10% Sol Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Riley F Curtis	FULL MAIDEN NAME	Ivy Opal Schnadelbach
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 25 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) G S Glicklon
(Physician or midwife)

Address Grangeville Ida

Filed June 1 1922 G S Glicklon
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1956

391-128-025-314

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Stites

Registration District No. 106

File No. 101281

No. ..... St.

Primary Registration District No. 2184

Registered No. 19

Hospital .....

FULL NAME OF CHILD Ralph LeRoy Cram

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 28 1922

FATHER		MOTHER	
FULL NAME	Le Roy Cram	FULL MAIDEN NAME	Pearl Lamb
RESIDENCE	Almota Wash	RESIDENCE	Almota Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Stites Idaho

Filed June 1 1922 J M Werbeckmoll
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1941

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
NOV 10 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, JUN 1 6 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: S. Antes

Street: .....

County: Idaho

File Number: 101281

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: May 28 192 2

Father: Roy L. Graves (Full Name)

Mother: Pearl L. Lamb (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ralph LeRoy Graves (Child's Name in Full)

Mrs. Roy L. Graves (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

395-118-025-685

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

Registration District No. 106

File No. 101282

No. ..... St.

Primary Registration District No. 2184

Registered No. 18

Hospital .....

FULL NAME OF CHILD Robert James Crew

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 18 1922

FATHER		MOTHER	
FULL NAME	James Crew	FULL MAIDEN NAME	Grace Wheeler
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Oklahoma	BIRTHPLACE	Missouri
OCCUPATION	Garage man.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.

Physician

(Physician or Midwife)

Address Kooskia - Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed June 1 1922

J. M. Verbeck M.D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1942

251-207-025-433

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

Registration District No. 106 File No. 101283

No. ..... St.

Primary Registration District No. 2184 Registered No. 17

Hospital .....

FULL NAME OF CHILD Virginia Lee Searles

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	May 7 1922

FATHER		MOTHER	
FULL NAME	William Duane Searles	FULL MAIDEN NAME	Ora McLean
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	Shingle maker	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Kooskia Idaho

..... 19....

Filed June 1 1922 J. M. Verberkmoes

..... Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-229-025-863

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

Registration District No. 106

File No. 101284

No. ..... St.

Primary Registration District No. 218.4

Registered No. 16

Hospital .....

FULL NAME OF CHILD Winnie Alta Parsons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	April 29 1922

FATHER		MOTHER	
FULL NAME	William Parsons	FULL MAIDEN NAME	Nancy Holmes
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia - Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William Parsons Jr.
Father
(Physician or midwife)

Address Kooskia Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 20 1922 J. M. Webber Recorder
Registrar

Z - PARSONS

Dupof 1922-355033

266-208-026-815

Form V. S. N

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1012

County of Jefferson

City of Garfield

RECEIVED
MAY 24 1922
BUREAU OF VITAL
STATISTICS

Registration District No. ..... File No. .....

No. ..... Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Ellen Sarah Bowles

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth March 8 (Month) (Day) 19 (Y

FATHER		MOTHER	
FULL NAME	Ernest Bowles	FULL MAIDEN NAME	Clarissa Hancock
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Colesvill Utah	BIRTHPLACE	Utah Co.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 8.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Godfrey Stoddard

(~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby Idaho RD1

Filed Apr 12 1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1969

MAR 1 5 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 29 10 PM '76

State of ..... } ss.
County of ..... }

Certificate No. 101285

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bowles (female) (Name on Original Certificate) who was born (Was Born or Died) on March 8, 1922 (Date of Event)
in Garfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ellen Sarah Bowles

Subscribed and sworn to before me this 14th day of July, 1976

D. Evelyn Goodlake
Notary Public, residing at 3102 N 20 Ave
My commission expires July 27, 1978
(Seal)

Signed Diana Collamer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
13238 N. 8th Ave. Phoenix Az
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of July, 1976

D. Evelyn Goodlake
Notary Public, residing at 3102 N 20 Ave
My commission expires July 27, 1978
(Seal)

Signed Richard Collamer
(Signature of Any Credible Person)
13238 N. 8th Ave. Phoenix Az
(Street Address, City, State)

FORM DH 60-155 CL 3/15/76

Certif of Birth from the LDS Church gives name as Ellen Sarah Bowles born March 8, 1922 at Garfield, Idaho. Father;s name as Ernest R. Bowles and mother's name as Clarissa Hancock. entered on record May 7, 1922. viewed by V. S.

AUG 2 1976

Transcript from Rick College, Rexburg, Idaho. gives name as Ellen Sarah Bowles Lawyer Smith. dated 9/23/59. date od birth March 8, 1922. viewed by V. S.

MAY 2 0 1992

418-229-006-493

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. E. No. [illegible]

RECEIVED MAY [illegible] BUREAU [illegible]

County of Bingham

City of Twin Pines

Registration District No. ..... File No. 101286

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Winnie Elaine Maheras

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	March 29 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter John Maheras	FULL MAIDEN NAME	Celia Argenta Miles
RESIDENCE	Twin Pines	RESIDENCE	Twin Pines
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Chipeana, Greece	BIRTHPLACE	Centralia, Illinois
OCCUPATION	Wool grower	OCCUPATION	School teacher

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Rogers

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed May 24 1922

F. W. Almond
State Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 15

Form V. S. No. 11—20m-7-20-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

845-226-026-236

Registration District No. 98 File No. 101287

No. ..... St.

Primary Registration District No. 2176 Registered No. 198

Hospital .....

FULL NAME OF CHILD ~~Ruth~~ LOLA Hunter

Sex of Child: F	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth May 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Hunter	FULL MAIDEN NAME	Verla Stowell
RESIDENCE	Lewisville	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Rigby

Filed 6 — 1 1922 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF Vital Statistics
CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 101287

State of Idaho }
County of Jefferson } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Lola Hunter (Name on Original Certificate) who was born (Was Born or Died) on May 26 1922 (Date of Event) in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Ward Record (Bible Record, Insurance Policy, Etc.) prepared on about June 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ruth	Lola Hunter

Subscribed and sworn to before me this 30th day of Sept. 1942

George M. Lyman
Notary Public, residing at Menan, Idaho.

My commission expires Dec. 12, 1943
(Seal)

Signed Verla Hunter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route, Star Rt. Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of Sept. 1942

George M. Lyman
Notary Public, residing at Menan, Idaho.

My commission expires Dec. 12, 1943.
(Seal)

Signed Cora C. Burton
(Signature of Any Credible Person Other Than Previous Year)

Rigby Idaho
(Street Address, City, State)

OCT 2 1942

553-202-026-168

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lorenzo

Registration District No. 98 File No. 101288

No. ..... St.

Primary Registration District No. 2176 Registered No. 197

Hospital home

FULL NAME OF CHILD ELVA MARIE NELSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	4/2 1922

FATHER		MOTHER	
FULL NAME	Nenian D. Nelson	FULL MAIDEN NAME	Emma Johnson
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Heber City Utah	BIRTHPLACE	Ephraim Utah
OCCUPATION	farmer	OCCUPATION	home

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.50 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Call M.D.

Rigby Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Registrar.

Filed 5-10 1922 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 101288

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Eva Marie Nelson (Name on Original Certificate) who was born (Was Born or Died) on April 2nd, 1982 (Date of Event)
in Lorenzo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on May 13th, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elva Marie Nelson

Subscribed and sworn to before me this 3rd
day of August, 19 42
Basil L. Bennett
Notary Public, residing at Rigby, Idaho
My commission expires Nov. 9th, 1942
(Seal)

Signed Nephi Douglas Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Father

Lorenzo, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of August, 19 42.
Basil L. Bennett
Notary Public, residing at Rigby, Idaho
My commission expires Nov. 9th, 1942.
(Seal)

Signed Geo Forsyth
(Signature of Any Credible Person Other Than Parent)

Rigby, Idaho.
(Street Address, City, State)

AUG 4 1942

AUG 6 1942

MAY 28 1952

FEB 20 1976

693-208-026-299

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of City

No. ..... St.

Hospital home

Registration District No. 98 File No. 101289

Primary Registration District No. 2176 Registered No. 196

FULL NAME OF CHILD Winifred Wilkinson

Sex of Child f | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth April 8 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Stephen R. Wilkinson	FULL MAIDEN NAME	Veda Bringhurst
RESIDENCE	Rigby, Ida.	RESIDENCE	Rigby Idaho
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Cedar City Ut.	BIRTHPLACE	Pipe Springs Arizona
OCCUPATION	Banking	OCCUPATION	home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call M.D.

Rigby, Ida.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 5-10 1922 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
AUG 10 1922
BUREAU OF VITAL STATISTICS
STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street: .....

County: Jefferson

File Number: 101289

Registration Dist. No. .....

Date of Birth: April 8 1922

Sex of Child: Female

Father: Stephen Robert Wilkinson (Full Name)

Mother: Veda Bringhurst (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Winifred Wilkinson
Child's Name in Full

Veda B. Wilkinson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

313-110-026-796

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

Registration District No. 98 File No. 101290

No. St.

Primary Registration District No. 2176 Registered No. 195

Hospital home

FULL NAME OF CHILD Dean Aldon Later

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 4/18/22 (Month) (Day) (Year)

EATHER		MOTHER	
FULL NAME	Athol E Lakis	FULL MAIDEN NAME	Lois Protheroe
RESIDENCE	Rigby Ida	RESIDENCE	Rigby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Denver Colo
OCCUPATION	Lawyer	OCCUPATION	home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call M.D.

Rigby Ida.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar.

Filed 5-10 1922 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street: .....

County: Jefferson

File Number: 101290

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: April 10th 1922

Father: Athol Eugene Later (Full Name)

Mother: Lois Dllwyn Protheroe (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dean Alden Later (Child's Name in Full)

A. C. Later

.....

Signature of Father ~~or Mother~~

Correct name on cert.

[illegible]8 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

314-129-026-281

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ryley

Registration District No. 98 File No. 101291

No. ____ St.

Hospital Home

Primary Registration District No. 2176 Registered No. 194

FULL NAME OF CHILD Benajiah Rodwell Campbell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
M				Yes	3	29	22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William T. Campbell	Florence M. Sharp
RESIDENCE	Ryley Idaho	Ryley Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	37
BIRTHPLACE	Preston Idaho	Ogden Utah
OCCUPATION	Farmer	Home

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

Ryley Idaho
(Physician or midwife)

Given names added from a supplemental report.

____ 19____

Registrar.

Address ____

Filed 5-10 19 22 Ray H. Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1967

415-229-026-113 name added 8-31-83 dl

Form V. S. No. 11—20m-7-26-19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ryley

Registration District No. 98 File No. 101292

No. St.

Hospital home

Primary Registration District No. 2176 Registered No. 193

FULL NAME OF CHILD Alice Davis

Sex of Child F | Twin Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 3 (Month) 29 (Day) 22 (Year) 19

FATHER

FULL NAME Henry A Davis

RESIDENCE Ryley Ida

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Kokomo Utah

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Leona Jackman

RESIDENCE Ryley Ida

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Lyman Utah

OCCUPATION home

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 45 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call MD

Ryley Ida.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed 5-10 19 22 Ray H Fisher

Registrar.

8-22-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 29 9 59 AM '83

State of _____ } ss.
County of _____

Certificate No. 101292
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Davis (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 29, 1922 (Date of Event)
in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Alice Davis

Subscribed and sworn to before me this 25TH day of
AUGUST, 19 83.
Notary Public, James D. Pickett
Residing at 4655 W. VALENCIA RD.
My commission expires My Commission Expires Nov. 1, 1985
(Seal) TUCSON, AZ. 85746

x Alice Davis Saunders
Signature of Applicant
x 6821 W Jumbling T
Street Address, City, State
Tucson, Az 85746

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lbc pd

lcc pd

High School Diploma lists Alice Davis graduated from Hamer High School in Hamer Idaho on May 8, 1941. Viewed by V.S.

AUG 31 1983

Certificate of Baptism lists Alice Davis daughter of Henry A Davis and Eliza L Jakeman born March 29, 1922 at Rigby was baptised Aug 5, 1933. Viewed by V.S.

556 - 221 - 010 - 213

Amended 10-5-62

(Be sure the information is complete and accurate)

State File No. 101293
Local Reg. No. 192
Reg. Dist. No. 98

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milo, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby #2 (Milo)
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Gilda
b. (Middle):
c. (Last): Newman

4. SEX: F.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): 3 - 21 - 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Delbert
b. (Middle): R.
c. (Last): Newman

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Milo, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lucy
b. (Middle):
c. (Last): Bacon

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Kaysville, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: O. F. Call, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Rigby, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 5-10-1922

20. REGISTRAR'S SIGNATURE: Ray H. Fisher

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

...ISSUED BY DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 101293

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Gilda Newman (Name on Original Certificate) who was born (Was Born or Died) on March 21, 1922 (Date of Event)
in Mylo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Place of Birth	Mylo - Jefferson Co.	Milo, Idaho - Bonneville Co.
Residents of parents	Rigby #2 (Mylo)	Rigby #2 (Milo)

Subscribed and sworn to before me this 25 day of
[illegible] 1962
[illegible]
Notary Public, residing at Idaho Falls
My commission expires 5/12/66
(Seal)

Signed Delbert Newman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 27 Idaho Falls, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of
[illegible] 1962
[illegible]
Notary Public, residing at Idaho Falls
My commission expires 5/12/66
(Seal)

Signed Lucy Newman
(Signature of Any Credible Person)
Box 27 Idaho Falls Idaho
(Street Address, City, State)

FORM DH 60-155 CL 4-30-62. nm

Statement from Lloyd Jordan, Ward Clerk, L.D.S. Church, Milo Ward Bishopric, Rigby, Idaho - states "Our church records show that Gilda Newman, daughter of Delbert Roose Newman and Lucy A Bacon Newman, was born at Milo, Bonneville County, March 21, 1922; was blessed by Parley J. Davis, May 7, 1922; Baptized by Lloyd Cleverley, April 17, 1932 and confirmed by Fred J. Storer, April 17, 1932." - statement written May 7, 1962 - viewed by V.S.

Application to the Gem State Mutual Life Association Inc., Pocatello, Idaho - gives one applicant's full name as Gilda Newman, age 31, born Mar. 21, 1922 at Milo Ward, Idaho; application no. 1 - Policy No. 45224-J2, date of application, Jan. 15, 1954 - beneficiary is given as Delbert R. or Lucy A. Newman, parent's - viewed by V.S.

343-114-026-219

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

Registration District No. 98 File No. 101294

No. ____ St.

Hospital Home

Primary Registration District No. 216 Registered No. 191

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	3/14/22

FATHER		MOTHER	
FULL NAME	Arthur Cuthbert	FULL MAIDEN NAME	Dora Bard
RESIDENCE	Rigby Ida.	RESIDENCE	Rigby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Rigby Ida.	BIRTHPLACE	Rigby Ida.
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call M.D.

Rigby, Ida.
(Physician or midwife)

Address ____

Given names added from a supplemental report. ____ 19____

____
Registrar.

Filed 5-10 1922

Ray H. Teade
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-108-026-318

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District 98

File No. 101295

No. ..... St.

Primary Registration District No. 2176 Registered No. 190

Hospital home

FULL NAME OF CHILD Truman Maurice McCandless

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m		Yes	Mar 8 1922

FATHER		MOTHER	
FULL NAME	Joseph McCandless	FULL MAIDEN NAME	Donna Taylor
RESIDENCE	Lewisville Ida	RESIDENCE	Lewisville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Keopuk Iowa	BIRTHPLACE	American Falls Ida
OCCUPATION	farmer	OCCUPATION	home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call M.D.

(Physician or midwife) Rigby Ida

Given names added from a supplemental report.

..... 19....

Address

Registrar.

Filed 5-10 1922 Ray H. Fiske
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED DEC [illegible] 1922 BUREAU OF VITAL STATISTICS

JUN 16 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lewisville

Street: .....

County: Jefferson

File Number 101295

Registration Dist. No. ... 7

Date of Birth ... March 8th ..... 1922.

Sex of Child ..... Male

Father Joseph Henry McCandless (Full Name) Mother Donna Taylor (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Truman Maurice McCandless

(Child's Name in Full)

Donna McCandless

(Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

34-205-026-418

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Lorenzo

No. ..... St.

Hospital Home

Registration District No. [redacted] File No. 101296

Primary Registration District No. 2176 Registered No. 189

FULL NAME OF CHILD Rachel Eva Ludlow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Mar. 5, 1922

FATHER		MOTHER	
FULL NAME	Alvin Ludlow	FULL MAIDEN NAME	Rachel C. Maynard
RESIDENCE	Lorenzo Ida	RESIDENCE	Lorenzo, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Benjamin Utah	BIRTHPLACE	Silverpoint Penn.
OCCUPATION	Farmer	OCCUPATION	Home.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive, at 7 A M. on the date above stated.
(Born alive or stillborn)

(Signature) O. F. Call M.D.

Rigby Ida.
(Physician or midwife)

Address

Filed 5-10 1922 Ray H. Fuchs
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. JUN 14 1946
County of Los Angeles }

Certificate No. 101296
Date Filed June 14-46

The undersigned does solemnly swear that certain facts on the certificate of Mar 5-1922 (Birth or Death)

for none (Name on Original Certificate) who — (Was Born or Died) on — (Date of Event)

in Lorenzo Jefferson Co Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family record (Bible Record, Insurance Policy, Etc.) prepared on Mar 5-1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
—	—	—
name	none given	Rachel Eva Ludlow

Subscribed and sworn to before me this 14 day of June, 1946.

Signed Alvin Ludlow, Father,
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Venice Calif

My commission expires My Commission Expires March 3, 1950
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of June, 1946.

Signed Preston P Hughes
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at 600 Lincoln Blvd Venice Calif

My commission expires
(Seal)

(Street Address, City, State)

JUN 25

619-125-026-666

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital Home

Registration District No. 98 File No. 101297

Primary Registration District No. 2176 Registered No. 188

FULL NAME OF CHILD DALE WARREN FARNSWORTH

Sex of Child Male | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth (Month) Feb (Day) 25 (Year) 1922

FATHER

FULL NAME Warren A. Farnsworth

RESIDENCE Rigby

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Cedburg Ida.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Naoma Hood

RESIDENCE Rigby, Idaho.

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Hillsborough Indiana

OCCUPATION Home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Call M.D.

Rigby Ida.
(Physician or midwife)

Given names added from a supplemental report. ..... 19....

Address .....

Registrar.

Filed 5-10 1922 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

DEC 2 6 1941

State of Idaho, } ss.
County of Bingham, }

Certificate No. 101297

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth ~~Death~~ (Birth or death)
for Dale Warren Farnsworth (Name on original certificate) who was born (Was born or died) on February 25, 1922, (Date of event)
in Rigby, Jefferson County, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Farnsworth	Dale Warren Farnsworth.

Subscribed and sworn to before me this first day of December, 19 41.

R. P. Skelton
Notary Public, residing at Aberdeen, Idaho.

My commission expires May 28, 1941.
[SEAL]

Signed Warren A. Farnsworth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Aberdeen, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of Dec, 1941.

Notary Public, residing at Rexburg.

My commission expires Sept 5-1942
[SEAL]

Signed Mary Alice Farnsworth
(Signature of any credible person other than the previous affiant.)

169 North 2nd East Rexburg Idaho
(Street Address, City, State)

Received for filing on DEC 1 6 19 41 By
(Registrar's signature)

JUL 18 1941

381-224-026-533

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JUN 8 1922

County of Jefferson

City of

No. St.

Hospital Annis

Registration District No. 98 File No. 101298

Primary Registration District No. 2176 Registered No. 187

FULL NAME OF CHILD Evalyn Mae Thayne

Sex of Child f | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 6/24/22 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert Thayne	FULL MAIDEN NAME	May Ellis
RESIDENCE	Lorenzo #1	RESIDENCE	Lorenzo #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Salt Lake City, Ut	BIRTHPLACE	Labelle Ida
OCCUPATION	farmer	OCCUPATION	home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Cell

Rigby Ida.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed 5-10-1922 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

JUN 16 [illegible]

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ...Lorenzo.....

Street .....

County ...Jefferson.....

File Number .....101298.....

Registration Dist. No. .....

Date of Birth ...February 27...192.2

Sex of Child.....Female.....

Father ...Burt Thayne.... (Full Name)

Mother ...Jennie Mae Ellis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

.....Evalyn Mae Thayne..... (Child's Name in Full)

.....Mrs. Burt Thayne..... (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

565-222-026-556

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

JUN 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

Registration District No. 98 File No. 101299

No. ..... St.

Primary Registration District No. 2176 Registered No. 186

Hospital home

FULL NAME OF CHILD Brigita Nordgren

Sex of Child F

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feb 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gerard Nordgren	FULL MAIDEN NAME	Ruth Newbry
RESIDENCE	Rigby Ida	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Monroe Utah	BIRTHPLACE	Monroe Utah
OCCUPATION	Carpenter	OCCUPATION	home

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 10 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call MD

Rigby Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed 5-10 1922 Ray H Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-219-026-749

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital home

Registration District No. 98 File No. 101300

Primary Registration District No. 2176 Registered No. 185

FULL NAME OF CHILD .....

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feb 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ronald Farnsworth	FULL MAIDEN NAME	Violet Burr
RESIDENCE	Rigby Ida	RESIDENCE	Rigby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Beaver City Utah	BIRTHPLACE	Pachico Mexico
OCCUPATION	farmer	OCCUPATION	home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 30 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ~~alive~~ D. F. Call MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby, Idaho

Filed 5-10 1922 Ray H Fisher Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-220-026-849

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

County of Jefferson

City of Rigby

Registration District No. 98 File No. 101301

No. St.

Primary Registration District No. 2176 Registered No. 184

Hospital home

FULL NAME OF CHILD Dorothy Rose Parks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	Feb 20 1922

FATHER		MOTHER	
FULL NAME	Albert C Parks	FULL MAIDEN NAME	Amy S. Quinton
RESIDENCE	Rigby Ida	RESIDENCE	Rigby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Morganton N.C.	BIRTHPLACE	S. Hampton England
OCCUPATION	farmer	OCCUPATION	home

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:17 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call M.D.

Rigby Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed 5-10 1922 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for [illegible] and the number of each, in order of birth stated.

K

FEB 7 1972

[redacted]

168-219-026-296

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital home

Registration District No. 98 File No. 101303

Primary Registration District No. 2176 Registered No. 183

FULL NAME OF CHILD Lois Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
		Yes	2/19/22 19

FATHER		MOTHER	
FULL NAME	Stanley R. Johnson	FULL MAIDEN NAME	Katherine Bronson
RESIDENCE	Rigby Ida	RESIDENCE	Rigby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Salt Lake City Ut.	BIRTHPLACE	Belmond Iowa.
OCCUPATION	farmer	OCCUPATION	home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 29 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Coll M.D.

Rigby Ida.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed 5-10 1922 Ray H Fisher

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 16 1922 192...

lam:

e name of your baby was not filled in on the birth certificate sent to this office. It is of vital import-
ave the full name included in the record. Kindly fill in the information requested in the blank below
n this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

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ty .....

reet .....

unty .....

ild.....Female.....

.....
Full Name

File Number 101303

Registration Dist. No. .....

Date of Birth .....192....

Mother .....
Full Maiden Name

Y CERTIFY that the child described herein has been named:

Lois
.....
Child's Name in Full

Mrs. Stanley P. Johnson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME

- - - - - - - - - - -

Birth registration is part of every child's birthrigh

It establishes legally the date of the child's birth, and legitimacy.

It enables the Public Health Nurse to make sure the been protected from danger of blindness and other infections

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - -

1. The correct age for purposes of school attendance
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men pelled to furnish certified copies of certificates of birth, portant that the certificates be filed with the BUREAU OF VI TICS and the same completed by furnishing the name of the ch

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHIL

Dear Mad

The
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Place of Birth

Ci
St
Co

Sex of Ch

Father .

I HEREB

154-111-026-863

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Clark

Registration District No. 98 File No. 101304

No. ..... St.

Primary Registration District No. 2176 Registered No. 182

Hospital home

FULL NAME OF CHILD Wayne Raymond Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	3/11/22

FATHER		MOTHER	
FULL NAME	Elias Anderson	FULL MAIDEN NAME	Bloia Hallom
RESIDENCE	Clark Ida	RESIDENCE	Clark
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Pleasant View Ut	BIRTHPLACE	Union Utah
OCCUPATION	former	OCCUPATION	home

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 30 P. (Born alive or stillborn)

on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Call MD

(Physician or midwife) Rigby Ida

Given names added from a supplemental report.

..... 19....

Address

Filed 5-10 1922 Ray H Fisher

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 101304

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Anderson (male) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 11, 1922 (Date of Event)
in Clark, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child;s name	Unnamed	Wayne Raymond Anderson

Subscribed and sworn to before me this 31 day of July, 19 75

Notary Public, residing at Idaho Falls Idaho
My commission expires Sept 1 1977
(Seal)

Signed Elmer E Waters
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of July, 19 75

Notary Public, residing at Idaho Falls Idaho
My commission expires Sept 1 1977
(Seal)

Signed Elmer E Waters
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-158 CL 3/6/74 nm

Marriage License from tXXXXXXXXXXXXX Idaho gives name as Wayne Anderson and Deone Jenkins. married Dec. 26, 1948. viewed by V. S.

OCT 27 1975

Certif of Blessing from the LDS Church gives name as Wayne Raymond Anderson son of Elias Andersen and Bleva May Halton. born Feb. 11, 1922 at Clark, Idaho. Blessed May 7, 1922. viewed by V. S.

Letter from Donald Walter Rhodes, Bishop of Idaho Falls, Ammon Stake of the LDS Church gives name as Wayne Raymond Anderson. born Feb. 11, 1922 at Rigby, Idaho. Baptized May 31, 1930. viewed by V. S.

299-210-026-259

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital home

Registration District No. 98 File No. 101305

Primary Registration District No. 2176 Registered No. 181

FULL NAME OF CHILD Alice Larue Briggs

Sex of Child f

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feb 10 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Grantly Briggs	FULL MAIDEN NAME	Gladis Sermon
RESIDENCE	Rigby Ida.	RESIDENCE	Rigby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Rigby, Ida.	BIRTHPLACE	Lillian Idaho.
OCCUPATION	farmer	OCCUPATION	home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Ball M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Rigby Ida.

Filed 5-10 1922 Ray H. Fish
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1965

249-105-026-381

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital home

Registration District No. 98 File No. 101307

Primary Registration District No. 2176 Registered No. 179

FULL NAME OF CHILD Robert Chandler Burton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m		Yes	Feb 5 1922

FATHER		MOTHER	
FULL NAME	Willard S Burton	FULL MAIDEN NAME	Cora Chandler
RESIDENCE	Rigby Ida	RESIDENCE	Rigby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Kaysville Utah	BIRTHPLACE	Willard Utah
OCCUPATION	School superintendent	OCCUPATION	home

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call M.D.

Rigby Ida.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Registrar.

Filed 5-10 1922 Ray H Fiske
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED JUN 20 1922 BUREAU OF VITAL STATISTICS

JUN 16 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ..... Rigby .....

Street .....

County ..... Jefferson .....

File Number ..... 101307 .....

Registration Dist. No. .....

Date of Birth ..... February 5th ..... 192 2 ...

Sex of Child ..... Male .....

Father ..... Willard Stewart Burton ..... Mother ..... Cora Chandler Burton .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Robert Chandler Burton .....

Child's Name in Full

..... Willard S Burton .....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

113-104-026-335

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

County of Jefferson

City of Lewisville

Registration District No. 98 File No. 101310

No. ..... St.

Primary Registration District No. 2176 Registered No. 176

Hospital home

FULL NAME OF CHILD Marvin Monroe Jackson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Feb 4 1922

FATHER		MOTHER	
FULL NAME	Thomas Jackson	FULL MAIDEN NAME	Elsie Clement
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Roxey Miss.	BIRTHPLACE	Moorland Ida
OCCUPATION	farmer	OCCUPATION	home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Call M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 5-10 1922 Ray H Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 16 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Lewisville; Street; County Jefferson

File Number 101310

Registration Dist. No.

Date of Birth Feb. 4, 1922

Sex of Child Male

Father Thomas W. Jackson (Full Name)

Mother Elsie Marsh - Clement (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marvin Monroe Jackson
Child's Name in Full

Elsie C. Jackson
Signature of Father or Mother

OCT 2 192 BUREAU OF STAT

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

312-125-026-819

Form V. S. No. 11—20m-7-26-19

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 101311

Primary Registration District No. 2176 Registered No. 175

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m		Yes	Jan 25 1922

FATHER		MOTHER	
FULL NAME	Morgan Lake	FULL MAIDEN NAME	Fern Harris
RESIDENCE	Rigby, Ida.	RESIDENCE	Rigby, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Harrisville Utah	BIRTHPLACE	Harrisville
OCCUPATION	farmer	OCCUPATION	home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 5-10 1922 Ray H. Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-219-026-796

Form V. S. No. 11—20m-7-26-19

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital home

Registration District No. 98 File No. 101312

Primary Registration District No. 2176 Registered No. 174

FULL NAME OF CHILD

Sex of Child: Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 1/19 22 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willis Kerr	FULL MAIDEN NAME	May Gregg
RESIDENCE	Rigby Ida	RESIDENCE	Rigby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Payson Utah	BIRTHPLACE	Walla Washington
OCCUPATION	Laborer	OCCUPATION	home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Call M D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Rigby

Filed 5-10 1922 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-211-026-692

PLACE OF BIRTH

RECEIVED JAN 8 1922

Form V. S. No. 11-[illegible]-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Begley

No. ..... St.

Hospital home

Registration District No. 98

File No. 101313

Primary Registration District No. 2176

Registered No. 173

FULL NAME OF CHILD Phoebe Ann Peterson

Sex of Child f

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 1/11 19 22 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum J. Peterson	FULL MAIDEN NAME	Phoebe L. Fisher
RESIDENCE	Swan valley	RESIDENCE	Swanvalley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Clarkston Ut	BIRTHPLACE	Minan Ida
OCCUPATION	former	OCCUPATION	home

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Call MD

Begley, Ida.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed 5-10 1922 Ray H Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED FEB 21 1967 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 101313

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Peterson (female child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 11, 1922 (Date of Event) in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Phoebe Ann Peterson

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of December, 1966

J. A. Hooper Las Vegas Nev

Notary Public, residing at .....

My commission expires .....

J. A. HOOPER
Notary Public—State of Nevada
CLARK COUNTY
My Commission Expires Jan. 18, 1970

Signed Gladys Peterson Waters
(Signature of Any Credible Person)

409 E St Louis Las Vegas Nev
(Street Address, City, State)

60-155 CL 5-10-66, one copy pd. rec. #10100.

L.D.S. Church Cert. of Baptism and Confirmation, May 3, 1930 gives full name as Phoebe Ann Peterson, daughter of Hyrum J. Peterson and Phoebe L. Fisher, born Jan. 11, 1922 at Rigby, Idaho - viewed by V.S. APR 3 1967

Idaho Falls, Idaho High School Grade Transcript Record, date of entrance Sept., 1935 gives full name as Phoebe Ann Peterson, born Jan. 11, 1922 - parent-Hiram J. Peterson - viewed by V.S.

553-210-026-696

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

RECEIVED JUN 8 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of

No. St.

Hospital Home

Registration District No. 98 File No. 101314

Primary Registration District No. 276 Registered No. 172

FULL NAME OF CHILD Roma Vera Nelson

Sex of Child F | Twin, Triplet or other? | and | Number in order of birth | Legitimate? Yes | Date of Birth 1/10 (Month) (Day) 22 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Lewis Nelson

RESIDENCE Rexburg Ida

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE West Jordan Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Vera Depo

RESIDENCE Rexburg Ida

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Ogden Utah

OCCUPATION Home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn), at 5-30 P. M. on the date above stated.

(Signature) O. L. Call M.D.

(Physician or midwife)

Address

Filed 5-10 1922 Raymond Fisher Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Lewisville Ida
- Street: .....
- County: Jefferson Co.

File Number: 101314

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Jan 10 1922

Father: Louis Clifford Nelson (Full Name)

Mother: Vera Mary Fife (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Roma Vera Nelson
Child's Name in Full

Mrs Louis Nelson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

614-113-026-142

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

County of Jefferson

City of Rigby Ida.

Registration District No. 98 File No. 101315

No. ..... St.

Primary Registration District No. 2176 Registered No. 171

Hospital home -

FULL NAME OF CHILD Eugene L. Faux Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m		Yes	Mar 13 1922

FATHER		MOTHER	
FULL NAME	Eugene L. Faux	FULL MAIDEN NAME	Alta Justesen
RESIDENCE	Rigby, Ida.	RESIDENCE	Rigby Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Moroni Utah	BIRTHPLACE	Spring City Ut.
OCCUPATION	School teacher	OCCUPATION	home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call MD

Rigby Ida.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed 5 10 1922 Ray H Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 9 19[illegible]

FEB 1 [illegible]

766-114-026-469 Child's name added 11-6-91 MCM

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

101316

County of Jefferson

City of Mud Lam

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 170

Hospital

FULL NAME OF CHILD RALSTON WILLIAM POOLE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			Yes	3	14	1922

FATHER		MOTHER	
FULL NAME	Ralston B Poole	FULL MAIDEN NAME	Alberta Morgan
RESIDENCE	Country	RESIDENCE	Lomond
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 8.45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos S Moody MD

(Physician or midwife)

Given names added from a supplemental report. 19

Address Menan

Registrar.

Filed 5-10 19 22 Ray H Fisher Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-22-91

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 101316
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Boy Poole (Name on Original Certificate) who was born (Was Born, Died, etc.) on Mar 14, 1922 (Date of Event)

in Menan (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Poole	Ralston William Poole

Subscribed and sworn to before me this 30 day of Oct 1991

Notary Public, Eva Carr Anderson

Residing at Pocatello, Idaho

My commission expires 4 June 1992

(Seal)

Ralston William Poole
Signature of Applicant

836 Jones Dr Pocatello Id 83201
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Veterans Administration Certificate of Eligibility shows Ralston William Poole born Mar 14, 1922 and issued Sept 6, 1957. Viewed by VS.

NOV 6 1991

US Navy discharge shows Ralston William Poole born Mar 14, 1922 in Rigby and enlisted June 3, 1941. Viewed by VS.

696-210-026-219

PLACE OF BIRTH

Form V. S. No. 11—20m-7-30-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101317

County of Jefferson

City of Whelan Registration District No. 98 File No.

No. St. Primary Registration District No. 2176 Registered No. 169

Hospital

FULL NAME OF CHILD Ila Elizabeth Fife

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	3	10	1922

FATHER

FULL NAME Guy Fife

RESIDENCE Menan

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Emma Barron

RESIDENCE Menan

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 9 M. on the date above stated.

(Born alive or stillborn)

(Signature) Chas S Moody

(Physician or midwife)

Address Menan

Filed 5-10 1922 Mary H Fisher Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

RECEIVED
AUG 19 19[illegible]
BUREAU OF [illegible]
STATI[illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 16 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Menan; Street; County Jefferson

File Number 101317

Registration Dist. No.

Sex of Child Female

Date of Birth March 10 1922

Father Mr. Guy Fife (Full Name)

Mother Mrs. Emma E. Baron (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ila Elizabeth Fife (Child's Name in Full)

Just one "R"

Mrs. Emma Fife (Signature of Father or Mother)

MAR 2 0 2018 DEC 13 1950

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

395-107-026-984

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Hospital .....

Registration District No. 98 File No. 101318

Primary Registration District No. 2176 Registered No. 168

FULL NAME OF CHILD Russell Godfrey Lindstrom

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			Yes	3	8	1922

FATHER	MOTHER
FULL NAME Jas A Lindstrom	FULL MAIDEN NAME Ethel O Nydberg
RESIDENCE Lewisville	RESIDENCE Lewisville
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Illinois
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at 4:30 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

(Signature) Chas S Moody MD

(Physician or midwife)

Address Mendon, Idaho

Filed 5-10 19 22

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 101318

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed lInstrom (Name on Original Certificate) who born (Was Born or Died) on March 7th 1942 (Date of Event)
in Lewisville Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible (Bible Record, Insurance Policy, Etc.) prepared on April 10,1922. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Russell Godfrey Lindstrom
Father's name	Linstrom	Lindstrom
Date	March 8th	March 7th
Mother's name	Olga E.	Ethel O. Rydberg

Subscribed and sworn to before me this 21
day of May, 19 42

Notary Public, residing at Rigby, Idaho.
My commission expires Nov.9th,1942
(Seal)

Signed G A Lindstrom his father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Roberts, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21
day of May, 19 42

Notary Public, residing at Rigby, Idaho.
My commission expires Nove,ber 1942
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

Rigby, Idaho.
(Street Address, City, State)

MAY 22 1942

APR 14 1955

APR 4 1955

791-114-026-337

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Rexburg

Registration District No. 98 File No. 101319

No. ..... St. .....

Hospital .....

Primary Registration District No. 2176 Registered No. 167

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	4	14	1922

FATHER		MOTHER	
FULL NAME	Orson W. Gray	FULL MAIDEN NAME	Ida Clark
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1120 a.m. on the date above stated.

(Born alive or stillborn)

(Signature) Chas S Moody

(Physician or midwife)

Address Menan Ida

Filed 5 10 22 Ray H Drake
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-120-026-349

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

Registration District No. 95 File No. 101320

No. ..... St.

Hospital .....

Primary Registration District No. 2176 Registered No. 166

FULL NAME OF CHILD Yoshitaru Sakata

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			yes	3	20	1922

FATHER

FULL NAME S Sakata

RESIDENCE Menan

COLOR Nippon AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Nippon

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME T. Ino

RESIDENCE Menan

COLOR Nippon AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Nippon

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. ..... at 8 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

(Signature) Chas D Moody MD

(Physician or midwife)

Address Menan

Filed 5-10 1922 Ray N Fisher

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Menan

Street: [illegible] of Idaho

County: Jefferson

File Number: 101320

Registration Dist. No.: 4 2

Sex of Child: Male Menan Idaho

Date of Birth: March 20 1922

Father: Sengo Sakata

Full Name

Mother: Kino ~~Sakata~~ Fur

Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named: [illegible] Yoshitaru Sakata

Child's Name in Full

Sengo Sakata

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
LED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com- to furnish certified copies of certificates of birth, it is im- t that the certificates be filed with the BUREAU OF VITAL STATIS- nd the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

962-127-026-346 name added 9/18/79

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

County of Jefferson

City of Annis

No. ..... St.

Hospital .....

Registration District No. 98 File No. 101321

Primary Registration District No. 2176 Registered No. 165

FULL NAME OF CHILD Woodrow Blaine Rose

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	3 27 1922

FATHER		MOTHER	
FULL NAME	Alma Rose	FULL MAIDEN NAME	Verna Lufkin
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. at 3:20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas B Moody
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Menan

Registrar.

Filed 5-10 1922 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

8-10-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
AUG 17 1979
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of UTAH
County of SALT LAKE } ss.

Certificate No. 101321
Date Filed 15 AUG 1979

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Rose (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 27, 1922 (Date of Event)

in Annis (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Woodrow Blaine Rose

Subscribed and sworn to before me this 15th day of August, 1979.

Notary Public, Tracy Larsen

Residing at Salt Lake City, Utah

My commission expires Mar. 1, 1981

(Seal)

Signature of Applicant

PO Box 811 PARK CITY UTAH 84060

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

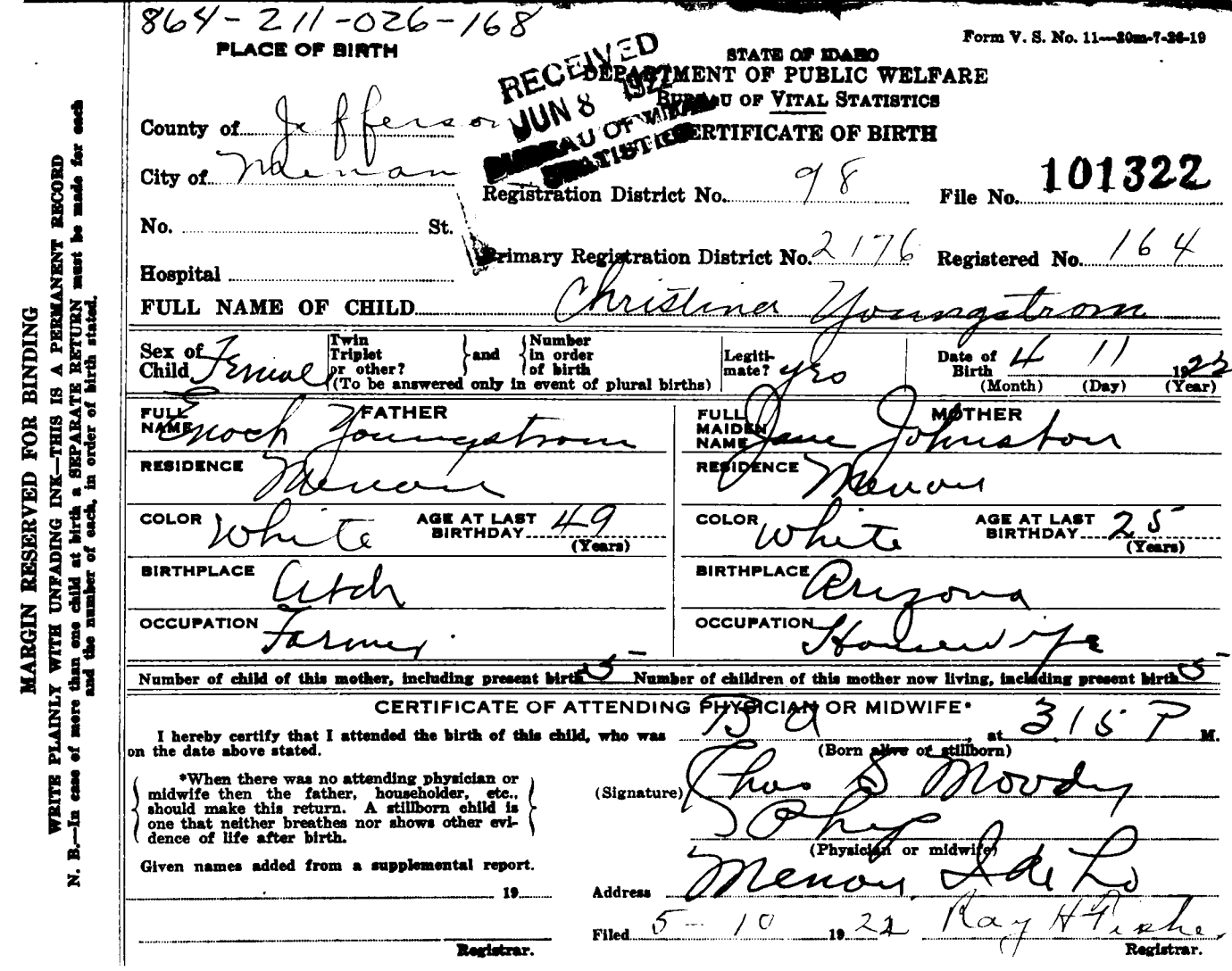
_____
Supporting Signature

_____
Street Address, City, State

Certif of Birth from the LDS Church gives nameas Woodrow Blaine Rose born March 27, 1922 at Annis, Idaho. father's name as Alma Rose and mother's name as Verna Lufkin. entered on record Aug 6, 1922. viewexd by V. S.

SEP 18 1979

Honorable Discharge from the US Army givs name as Woodrow B. Rose. born May 27, 1922 at Annis, Idaho. date od separation Dec 15, 1945. viewed by VS



864-211-026-168

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98 File No. 101322

Primary Registration District No. 2176 Registered No. 164

FULL NAME OF CHILD Christina Youngstrom

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 4 (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Enoch Youngstrom	FULL MAIDEN NAME	Jane Johnston
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B A (Born alive or stillborn) at 3:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan Ida Ho

Filed 5-10 1922 Ray H Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

VED
22
VITAL

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Menan

File Number: 101322

Street: .....

Registration Dist. No. .....

County: Jefferson

Date of Birth .....192....

Sex of Child: Female

Father: Enoch Youngstrom (Full Name) Mother: Jane Johnston (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Christina Youngstrom
Child's Name in Full

Jane Youngstrom
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

719-110-026-815

PLACE OF BIRTH

Received June 8, 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Registration District No. 98 File No. 101323

Hospital .....

Primary Registration District No. 2176 Registered No. 163

FULL NAME OF CHILD Richard Omas Garvin

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	April 10 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Afton Steel Garvin	FULL MAIDEN NAME: Etta Hansen
RESIDENCE:	RESIDENCE: Lewisville
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 19 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Railroad Carman, U.P. R.R.	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Chas. S. Moody, M.D.

Physician (Physician or midwife)

Address Menan, Idaho

Filed 5-10 192 2 Ray H. Fisher Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

k

FEB 2 1959

DECEASED

313-11-026-231

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 101324
Local Reg. No. -
Reg. Dist. No. 98

Amended 3/31/75

1. PLACE OF BIRTH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rigby
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rigby
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Richard
b. (Middle): Stahl
c. (Last): Later

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	April 11, 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Harlan
b. (Middle): T.
c. (Last): Later

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
22 YEARS	Idaho	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Leanora
b. (Middle): R.
c. (Last): Stahl

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
18 YEARS	New Jersey			

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ray H. Fisher

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rigby

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 5-10-22

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

~~Was a test for phenylketonuria performed?~~ YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER | RACE OR COLOR OF MOTHER

METHOD OF DELIVERY

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 12 2 PM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 101324

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Harlan Richard Later (Name on Original Certificate) who was born (Was Born or Died) on Apr. 11, 1922 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Harlan Richard Later	Richard Stahl Later

Subscribed and sworn to before me this 3rd day of February, 1975

Notary Public, residing at Rigby, ID

My commission expires 8-31-78

(Seal)

Signed X Leamona Later
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

mother 374 W 1 N Rigby ID 83442
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of February, 1975

Notary Public, residing at Rigby, Idaho

My commission expires 8-31-78

(Seal)

Signed Harlan Later
(Signature of Any Credible Person)

father 374 W 1 N Rigby ID 83442
(Street Address, City, State)

CL 1/22/75

FORM DH 60-155

Blessing frecord from Lda Church gives name as Richard Stahl Later. father's name as Harlan Later. born Nov. 14, 1922. Blessed on June 8, 1922. viewd by V. S.

Baptismal record from the LDS Church gives name as Richard S. Later. father's name as Harland Later and mother's name as Leanore R. Stahl. Baptized May 3, 1939. viewed b y, V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

County of Jefferson

City of Louisville

613-106-026-795 No. ____ St.

Registration District No. 98 File No. 101325

Hospital ____ Primary Registration District No. 2176 Registered No. 161

FULL NAME OF CHILD Wm Wayne Walker

Sex of Child M | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Apr 6 1922 (Month) (Day) (Year)

FATHER

FULL NAME Wm B. Walker

RESIDENCE Louisville

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Rhoda E Girard

RESIDENCE same

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Utah

OCCUPATION At home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Filed 5-10 1922 Ray H Fisher Registrar.

Boise, Idaho, August 1, 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lewisville

Street: .....

County: Jefferson

File Number: 101325

Registration Dist. No.: .....

Sex of Child: Male

Date of Birth: April 6, 1922

Father: Wm. B. Walker (Full Name)

Mother: Rhoda Evelyn Guard (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William Wayne Walker
Child's Name in Full

Evelyn Walker
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

141-118-026-492

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

Registration District No. 98 File No. 101326

No. ..... St.

Primary Registration District No. 2176 Registered No. 160

Hospital .....

FULL NAME OF CHILD Willard Newton Adams

Sex of Child Male | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Apr. 18 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard Adams.	FULL MAIDEN NAME	Arberella Mikesell
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Utah
OCCUPATION	Post Office Clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11 30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer by L.P.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed 5 10 1927 Roy H Fisher

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF ILL
DEPARTMENT OF PUBLIC WELFARE
JUN 1

JUN 1 0 1922

BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ..... Rigby, ...

Place of Birth — Street .....

Place of Birth — County ..... Jefferson, ...

File Number ..... 101326 .....

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth ..... April. 18, ... 192.2..

Father ..... Willard Adams, ... (Full Name)

Mother ..... Arberella Irien Mikesell. ..... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

..... Willard Newton Adams. .....
Child's Name in Full

..... Willard Adams. .....
Signature of Father ~~or Mother~~

JAN 1 2 1943

- - - - - - - - - - -

JUN 1 9 1953

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

469-118-026-858

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

File No. 101327

Primary Registration District No. 2176

Registered No. 128

FULL NAME OF CHILD DARSEL MYRLE MORGAN

Sex of Child M

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 5 (Month) 18 (Day) 22 (Year)

FATHER

FULL NAME Vernal Edward Morgan

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Jennie Leath Heyrend

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Idaho

OCCUPATION At home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Filed 5 - 18 1922 Ray H Fisher

Registrar.

.....

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 4 1944

766-108-026-314

PLACE OF BIRTH

JUN 8 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

Registration District No. 91 File No. 101328

No. ..... St.

Primary Registration District No. 2116 Registered No. 159

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓		✓	Yes.	Feb. 8 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. R. Goff	FULL MAIDEN NAME	Isabell Campbell
RESIDENCE	Rigby.	RESIDENCE	Rigby.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29.	AGE AT LAST BIRTHDAY (Years)	29.
BIRTHPLACE	Utah.	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive. at ~~5:30~~ P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer. by. S. P.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed 5 10 1922 Ray H Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

413-209-026-469

PLACE OF BIRTH

Form V. S. No. 11—20m-7-20-[illegible]

RECEIVED JUN 8 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson.

City of Lorenzo R.D.

No. ..... St.

Hospital .....

Registration District No. 98 File No. 101329

Primary Registration District No. 2176 Registered No. 158

FULL NAME OF CHILD Phyllis Ethel Matson

Sex of Child Girl | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Feb. 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Matson	FULL MAIDEN NAME	Edyth Morgan
RESIDENCE	Lorenzo.	RESIDENCE	Lorenzo.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22. (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 45 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer by L. P.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 5-10 1922 Ray H Fisher

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street: .....

County: Jefferson

File Number: 101329

Registration Dist. No. .....

Date of Birth: Feb. 9, 1922

Sex of Child: Female

Father: Lorenzo E. Watson (Full Name)

Mother: [redacted] Ruth Pearl Morgan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Phyllis Ethel Watson
Child's Name in Full

Lorenzo E. Watson
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

JAN 4

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

246-212-026-468

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101330

County of Jefferson

City of Lorenzo

No. ..... St.

Registration District No. 18 File No. .....

Primary Registration District No. 3176 Registered No. 157

Hospital .....

FULL NAME OF CHILD Lila Mae Smout

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and 4	4	Yes.	Feb. 12 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orian Smout	Elva Morgan
RESIDENCE	Lorenzo.	Lorenzo.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	2[illegible]
BIRTHPLACE	Utah	Ida
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) A M Palmer by E.P.

(Physician or midwife)

Address Rigby

Filed 5-16 19 22 Raymond Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

lam:

e name of your baby was not filled in on the birth certificate sent to this office. It is of vital import-ave the full name included in the record. Kindly fill in the information requested in the blank below n this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

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ty ....Lorenzo.....

reet .....

unty ....Jefferson.....

ild.....Female.....

File Number .....101330.....

Registration Dist. No. .....

Date of Birth ..February 12 1922.

.....Oriana Smout.....
Full Name

Mother ....Elva May Morgan
Full Maiden Name

CERTIFY that the child described herein has been named:

Lila Mae Smout.....
Child's Name in Full

Mrs. Elva Smout.....
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthr

It establishes legally the date of the child's bir
and legitimacy.

It enables the Public Health Nurse to make sure
been protected from danger of blindness and other infecti

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - -

1. The correct age for purposes of school attenda
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Servic
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PLEASE ASSIST BY FURNISHING THE NAME OF YOUR

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469 - [illegible]-026-242

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-20-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 101331

Primary Registration District No. 2176 Registered No. 56

FULL NAME OF CHILD Harold Earl Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes.	Feb. 13 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Della Morgan	Jessie Bush
RESIDENCE	Rigby	Rigby
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5-30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) A M Palmer. by S.P.

(Physician or midwife)

Address Rigby

Filed 5-10 1922 Ray H Finch Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/3/41

455-217-026-817

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 101332

Primary Registration District No. 2176 Registered No. 155

FULL NAME OF CHILD Faye DeVon Deveraux

Sex of Child Female | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Feb. 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl Deveraux	FULL MAIDEN NAME	Theoma ~~Apgood~~ Napper
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 15 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer by L.P.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Rigby

Filed 5-10 1922 Ray H Fisher Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 28 1922
BUREAU OF VITAL STATISTICS

JUN 16 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: ~~Garfield Ward~~
- Street: Rigby R. D. #1
- County: Jefferson Ida.

File Number: 101332

Registration Dist. No.: 58

Sex of Child: Female

Date of Birth: February 17 1922

Father: Earl Deveraux
Full Name

Mother: Thelma Hapgood
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Fay Devon Deveraux
Child's Name in Full

Mrs. E. Deveraux
Signature of Father or Mother

OCT 1 1971

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD

133-219-026-318

PLACE OF BIRTH

Form V. S. No. 11—20m-7-[illegible]-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

County of Jefferson

City of Lorenzo

Registration District No. 98 File No. 101333

No. ..... St.

Primary Registration District No. 2176 Registered No. 154

Hospital .....

FULL NAME OF CHILD Barbara Mae Allred

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓		✓	yes.	Feb. 19 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Coral Allred	FULL MAIDEN NAME	Anna Taylor.
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer by L.P.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed 5-10 1922 Ray H Fisher
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho, ...192...

n:

ame of your baby was not filled in on the birth certificate sent to this office. It is of vital import-
the full name included in the record. Kindly fill in the information requested in the blank below
his sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Lorenzo

File Number 101333

et

Registration Dist. No. 36

nty Jefferson

Date of Birth Feb. 19 1922

ld Female

William Coral Allred
Full Name

Mother Annie Foster Taylor
Full Maiden Name

CERTIFY that the child described herein has been named:

Barbara Mae Allred
Child's Name in Full

Mrs Coral Allred
Signature of Father or Mother

JAN 3 0 1975

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-124-026-312

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-30-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 101334

Primary Registration District No. 2176 Registered No. 153

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— and —	—	yes	Feb. 24 1922

FATHER		MOTHER	
FULL NAME	Will Sargent	FULL MAIDEN NAME	Emily Casper
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) A M Palmer by S.P.

(Physician or midwife)

Address Rigby

Filed 5-10-22 Ray H Fisher Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-306176

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—[illegible]

PLACE OF BIRTH

544-108-026-533

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of La Bell.

Registration District No. 98 File No. 101335

No. ..... St.

Primary Registration District No. 2176 Registered No. 152

Hospital .....

FULL NAME OF CHILD Lloyd Edwin Eddie

Sex of Child Male | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Mar. 8 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. W. Eddie	FULL MAIDEN NAME	Myrtle Ellis
RESIDENCE	La Bell	RESIDENCE	Labell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer
by. L.P.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed 5-10 1922 Ray H Fisher
Registrar.

Registrar.

RECEIVED
AUG 5
BUREAU OF
STATISTICS

IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Dear Madam: Boise, Idaho, ...192...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby Idaho

Street: .....

County: Jefferson

File Number: 101335

Registration Dist. No.: .....

Sex of Child: Male

Date of Birth: March 8 1922 192....

Father: James William Eddie (Full Name)

Mother: Myrtle Elizabeth (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Loyd Edwin Eddie (Child's Name in Full)

James William Eddie (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-201-026-331

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County Jefferson

City of Lorenzo

No. ..... St.

Hospital .....

Registration District No. 98 File No. 101336

Primary Registration District No. 2176 Registered No. 151

FULL NAME OF CHILD Verda Harriett Barker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓		✓	yes	Apr. 1 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Barker	FULL MAIDEN NAME	Sylvia Clarke
RESIDENCE	Lorenzo.	RESIDENCE	Lorenzo.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer by L. P.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 5-10 1922 Ray H Fisher

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 16 1922 ..... 192...

Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital import- to have the full name included in the record. Kindly fill in the information requested in the blank below eturn this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

City ...Lorenzo.....

Street .....

County ...Jefferson.....

File Number .....101336.....

Registration Dist. No. .....

Date of Birth ..april 1.....192.2

f Child.....Female.....

r William James Barker Mother Sylvia Harriet Barker

Full Name Full Maiden Name

REBY CERTIFY that the child described herein has been named:

Venda Harriet Barker

's name entered Wenda Child's Name in Full

1922 - changed to

da Dec 20, 1988 mcm ...Mrs Sylvia Barker

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME

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Birth registration is part of every child's birthrigh

It establishes legally the date of the child's birth, and legitimacy.

It enables the Public Health Nurse to make sure the been protected from danger of blindness and other infections

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - -

1. The correct age for purposes of school attendance
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service m pelled to furnish certified copies of certificates of birth portant that the certificates be filed with the BUREAU OF V TICS and the same completed by furnishing the name of the c

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PLACE OF BIRTH

Form V. S. No. 11—[illegible]

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98 File No. 101337

Primary Registration District No. 2176 Registered No. 150

FULL NAME OF CHILD John Mayne Walker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	✓		✓	Yes.	Apr.	11	1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lewis Walker.	FULL MAIDEN NAME	Inez Merrill
RESIDENCE	Menan.	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23. (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer by S.P.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 5-10 1922 Roy H Fisher

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED JUN

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Menan

Street: .....

County: Jefferson

File Number: 101337

Registration Dist. No.: 42

Date of Birth: April 1, 1922

Sex of Child: Male

Father: John Lewis Walker (Full Name)

Mother: Mary Louisa Merrill (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Shayne Walker (Child's Name in Full)

John Lewis Walker (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

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It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

141-127-026-969

PLACE OF BIRTH

Form V. S. No. 11—20m-7-20-22

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 101338

Primary Registration District No. 2176 Registered No. 149

FULL NAME OF CHILD Robert Louis Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Apr. 27 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. J. Adams	Maude Rouch
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	26
BIRTHPLACE	Idaho.	Utah
OCCUPATION	Mechanic (auto)	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 45 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Galmes

(Physician or midwife)

Address Rigby

Given names added from a supplemental report. ..... 19.....

Registrar.

Filed 5-10 1922 Ray H. Fisher Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ... Rigby

Place of Birth — Street .....

Place of Birth — County ... Jefferson

File Number 101338

Registration Dist. No. .....

Date of Birth ... April 27 1922

Sex of Child ..... Male

Father ... Hyrum J. Adams
Full Name

Mother ... Maude Rouch
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

... Robert Louis Adams
Child's Name in Full

JAN 16 1922

... Hyrum J. Adams
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

999-219-026-759

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

[redacted]

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Registration District No. 18

File No. 101339

Hospital .....

Primary Registration District No. 2[illegible]

, Registered No. 1[illegible]

FULL NAME OF CHILD David Ririe

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Boy	✓		✓	Yes	3	19	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1st

Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jas E Ririe	FULL MAIDEN NAME	Verna F Perry
RESIDENCE	Ririe Idaho	RESIDENCE	Ririe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

Physician

(Physician or midwife)

Address Ririe Idaho

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

Filed 5-10 1922 Max A Fisher

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 10 1942

291-101-026-238

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Registration District No. 98 File No. 101340

Hospital ..... Primary Registration District No. ..... Registered No. 147

FULL NAME OF CHILD Wendell ~~Stone~~ SCHOLES Beazer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	4		4	Yes	4-1-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ac-Boracic

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Irving Beazer	FULL MAIDEN NAME	Phoeba ~~Schobe~~ SCHOLES
RESIDENCE	Lorenza Idaho	RESIDENCE	Lorenzo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	75
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Address Ririe Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 6 ... 192 ... Reg. Fish...
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO DEC 9 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 0 101340

County of Jefferson } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Wendell Stone (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 1, 1922 (DATE OF EVENT) in Lorenzo, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on as children are born (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Wendell Stone	Wendell Scholes Beazer
Mother's name	Phoebe Schobe	Phoebe Scholes

Subscribed and sworn to before me this 8 day of Dec, 1942

Harold J Bishop

Notary Public, residing at Rigby Idaho

My commission expires June 4, 1946

(SEAL)

Signed Phoebe Scholes Beazer

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Lorenzo Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Jefferson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of December, 1942

Harold J Bishop

Notary Public, residing at Rigby Idaho

My commission expires June 4, 1946

(SEAL)

Signed Eugene Morgan

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rigby - Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 31 1975

DEC 10 1942

851-209-026-443 Revised

PLACE OF BIRTH

RECEIVED JUN 8 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 4 E

File No. 101341

Hospital .....

Primary Registration District No. 27

Registered No. 14

FULL NAME OF CHILD Afton Alvyne Heaton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	—	2	Yes	4-9-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Alton Heaton	FULL MAIDEN NAME Fern Dutson
RESIDENCE Rigby Idaho	RESIDENCE Rigby Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Sam T. Price

Physician

(Physician or midwife)

Address Rigby Idaho

Filed ..... 192 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL

STATISTICS

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ...Ririe... Street ..... County ...Jefferson...

File Number ...101341...

Registration Dist. No. .....

Date of Birth ...April 9 ...192.2...

Sex of Child.....Female.....

Father Frank Afton Heaton
Full Name

Mother Nettie Fern Heaton
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Afton Alpine Heaton
Child's Name in Full

JUN 1 6 1922

Frank A. Heaton
Signature of Father or Mother

...AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

~~355 - 200 - 026 - 559~~
363 - 213 - 026 - 369

PLACE OF BIRTH

RECEIVED JUN 8 1[illegible] BUREAU OF V[illegible] STATIS[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Registration District No. 98 File No. 101342

Hospital 363-213-026-369 Primary Registration District No. 2176 Registered No. 146

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	—		—	Yes	192....

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Chas Collier Jr	FULL MAIDEN NAME	Martha Cornwell
RESIDENCE	Ririe Idaho	RESIDENCE	Ririe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mont	BIRTHPLACE	Mon
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Address Ririe Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed [illegible] 192[illegible] [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HOLD TO BIRTH DATE/NAME

Boise, Idaho, JUN 16 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number .....101342.....

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child.....Female.....

Father ..... (Full Name)

Mother ..... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

JUN 16 1922

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

HOLD NO BIRTH DATE

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

944-206-026-693

PLACE OF BIRTH

HE... JUN 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Roberts

No. ..... St.

Registration District No. 98 File No. 101343

Hospital .....

Primary Registration District No. 176 Registered No. 144

FULL NAME OF CHILD Wilma Rady
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	✓		✓	Yes	4-6-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Louis R Rady	FULL MAIDEN NAME	Harriett Williams
RESIDENCE	Roberts Idaho	RESIDENCE	Roberts Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Address Rexburg Idaho

Filed 5 10 1922 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-101343

685 - 224-026-339

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rural

No. ..... St.

Registration District No. 15 File No. 101344

Hospital ..... Primary Registration District No. 2176 Registered No. 173

FULL NAME OF CHILD Wanda Ruth Wheeler

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	—	—	—	4/24/192 2

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Arnold L Wheeler	FULL MAIDEN NAME Ruth Clifford
RESIDENCE Poplar Idaho	RESIDENCE Rural Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION farmer	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Free

Physician

(Physician or midwife)

Address Rural Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 5-10 192 2 Ray H Fisher Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 17 1966

843-225-026 - Abbott amended

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUN 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rexburg

No. ____ St.

Registration District No. 98 File No. 101346

Hospital ____ Primary Registration District No. 2176 Registered No. 141

FULL NAME OF CHILD Velma Hulsey

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	C	C	Yes	4-25-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	E. J. Hulsey	Effie E. Probart
RESIDENCE	Rexburg Idaho	Rexburg Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	36
BIRTHPLACE	Idaho	Utah
OCCUPATION	farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T. Price

Physician

(Physician or midwife)

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 5-10 1922 Ray H. Tucker

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-222-026-819 not named

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St. ..... District No. 98 File No. 101347

Hospital ..... Primary Registration District No. 2176 Registered No. 140

FULL NAME OF CHILD Selma Rose Ford
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	✓		✓	Yes	3-22-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Birch H Ford	FULL MAIDEN NAME	Lillian Harrison
RESIDENCE	Ririe Idaho	RESIDENCE	Ririe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ohio	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Address Ririe Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 5-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SERVED

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ririe

Street:

County: Bonneville

File Number: 101347

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Mar 22 1922

Father: Birchard H. Ford (Full Name)

Mother: Lillian C. Harrison (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Selma Rose Ford.

Child's Name in Full

Lillian C. Ford.

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

659-203-026- not named

PLACE OF BIRTH 713

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 48 File No. 101348

Hospital ..... Primary Registration District No. 2176 Registered No. 134

FULL NAME OF CHILD Donna Genella Ferguson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	(To be answered only in event of plural births)		Yes	5-3-1922

What bacteriacidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Jas. O. Ferguson	FULL MAIDEN NAME Sadie Gallup
RESIDENCE Rigby Idaho R4	RESIDENCE Rigby
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

(Signature) Sam T. Price

Physician

(Physician or midwife)

Address Rigby Idaho

Filed 5-10-1922 Ray Hatch
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1948

449-208-026-944

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 101349

Hospital ..... Primary Registration District No. 2176 Registered No. 138

FULL NAME OF CHILD Helen V Durrant

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		2	Yes	Feb 8 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	J R Durrant	Sadie Rudd
RESIDENCE	Rigby Idaho	Rigby Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Wyo	Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born 10 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

Physician

(Physician or midwife)

Address Rigby Idaho

Filed 5-10 1922 Ray H Fisher

Registrar.

Give names added from a supplemental report.

....., 19.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

APR 3 1944

Dup of 1922-100210

not

619-230-026-293

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Hospital ____

RECEIVED JUN 8 1922 BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 101350

Primary Registration District No. 216 Registered No. 137

FULL NAME OF CHILD ____
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	L	a	Yes	April 30 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Jas. M Warner	FULL MAIDEN NAME Pearl Killian
RESIDENCE	Rigby Idaho	RESIDENCE Rigby Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price

Physician

(Physician or midwife)

Address Rigby Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 5-10 1922 Ray H Fisher

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]ERAL REASONS WHY A C[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 101350

Registration Dist. No. .....

Sex of Child Female

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

867-202-026-999

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Registration District No. 98 File No. 101351

Hospital ..... Primary Registration District No. 2176 Registered No. 136

FULL NAME OF CHILD Elizabeth Hoggan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	—		—	Yes	5-2-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Ivan Hoggan	FULL MAIDEN NAME	Elizabeth Ririe
RESIDENCE	Ririe Idaho	RESIDENCE	Ririe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Harness Maker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price
Physician
(Physician or midwife)

Address Ririe Idaho

Filed 5-10 1922 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915-102-026-453

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Registration District No. 98 File No. 101352

Hospital ..... Primary Registration District No. 2176 Registered No. 135

FULL NAME OF CHILD Ralph Clinton Rands

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	—	2	Yes	5 - 2 - 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 2% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Clarence R Rands	FULL MAIDEN NAME	May A Miller
RESIDENCE	Ririe Idaho	RESIDENCE	Ririe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	So Dak	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) Sam T Price Physician

(Physician or midwife)

Address Ririe Idaho

Filed 5 - 10 1922 Ray H Fisher Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF VETERANS AFFAIRS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ririe

Street:

County: Jefferson

File Number: 101352

Registration Dist. No.:

Date of Birth: May, 2nd 192.2.

Sex of Child: Male

Father: Clarence Raymond Rands (Full Name)

Mother: May Miller (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ralph Clinton Rands (Child's Name in Full)

May A Rands

Signature of Father or Mother

... COMPLIED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

763-209-026-432

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

County of Jefferson

City of Rigby

No. ..... St. ..... Registration District No. 98 File No. 101353

Hospital ..... Primary Registration District No. 2176 Registered No. 134

FULL NAME OF CHILD Irene Potter

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	5-9-1922

What bactericidal solution was used in eyes? Yes S. Argyrol

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth one

FATHER	MOTHER
FULL NAME Henry C Potter	FULL MAIDEN NAME Sybil M McBride
RESIDENCE Rigby Idaho	RESIDENCE Rigby Idaho
COLOR White	AGE AT LAST BIRTHDAY 17 (Years)
AGE AT LAST BIRTHDAY 25 (Years)	COLOR White
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Prop Pool Hall	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ..... M. on the date above stated.

(Born alive or stillborn)

(Signature) Sam T Price

Physician

(Physician or midwife)

Address Rigby Idaho

Filed 5-10 1922 Ray H Fisher

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 21 1949

866-120-026-385

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

County of Jefferson
City of Rire
No. ..... St.
Hospital .....

Registration District No. 98
Primary Registration District No. 2176

File No. 101354
Registered No. 132

FULL NAME OF CHILD Dale M. Homer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	✓		✓	Yes	7 20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John M Homer	FULL MAIDEN NAME	Leona Theurer
RESIDENCE	Rire Idaho	RESIDENCE	Rire Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	16 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Rire Idaho

Filed 5-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-29-026-469

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rire

No. ..... St.

Registration District No. 98

File No. 101355

Hospital ..... Primary Registration District No. 2196

Registered No. 131

FULL NAME OF CHILD Elizabeth Loretta Gallup

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	7 19 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	A L Gallup	FULL MAIDEN NAME	Lola D. Merriam
RESIDENCE	Rire Idaho	RESIDENCE	Rire Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Rice

Physician

(Physician or midwife)

Address Rire Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 5-10 1922 Ray H Fisher Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/14/[illegible] [illegible]

381-201-026-463 Amended mother's maiden surname, 05-23-02, RDF

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rura

No. ..... St.

Registration District No. 98 File No. 101356

Hospital ..... Primary Registration District No. 2176 Registered No. 130

FULL NAME OF CHILD Wilma Chapman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	— and —	—	Yes	4 — 1 — 1922

(To be answered only in event of plural births)

What bacteriacidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Geo A Chapman	FULL MAIDEN NAME	Nellie Doodle
RESIDENCE	Ryby Idaho	RESIDENCE	Ryby Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Dairyman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Address Rura Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 5-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

B

MAY 23 2002 PAID

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } SS.

Certificate No. 1922-101356
Date Filed June 8, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Wilma Chapman (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 1, 1922 (Date of Event)

in Rigby Idaho (Jefferson County) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
mother's maiden surname	Dolldee	Dowdle

Subscribed and sworn to before me this 23rd day of May, 2002.

Notary Public, Linda Marlene Campano

Residing at Boise Ada Idaho

My commission expires 11-7-05

(Seal)

Wilma Chapman Madsen
Signature of Applicant

2911 Gem St Boise ID 83705
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed _____)
(Is not necessary XX)

State of _____
County of _____ } SS.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Birth certificate (#1919-74601), dated October 20, 1919, staets mother's maiden surname as Dowdle

Sibling's death certificate (#1998-2790), dated April 21, 1998, states mother's maiden surname as Dowdle.

253-228-026-632

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

County of Jefferson

City of Rigby

No. ____ St.

Hospital

Registration District No. 98 File No. 101357

Primary Registration District No. 2176 Registered No. 129

FULL NAME OF CHILD Carlyle Olsen Keller

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	L	C	Yes	3/28/1922

(To be answered only in event of plural births)

What bacterieidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Eli Keller	FULL MAIDEN NAME Marella Olsen
RESIDENCE	Rigby Idaho	RESIDENCE Rigby Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Sam T Price

Physician

(Physician or midwife)

Address Rigby Idaho

Filed 5-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASONS WHY A CERTIFICAT
CHILD AND THE SAME COMPL

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street:

County: Bonneville

File Number: 101357

Registration Dist. No.:

Sex of Child: Male ~~Female~~

Date of Birth: March 29 1922

Father: Eli Thomas Keller (Full Name)

Mother: Maretta Olsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Carlyle Olsen Keller (Child's Name in Full)

Mrs. Maretta Olsen Ke (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

ller

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

439-120-026-249

PLACE OF BIRTH

County of Jerome

City of Jerome

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 23 10 7

Primary Registration District No. 20 1 2

File No. 101364

Registered No. _____

FULL NAME OF CHILD Calvin George McCalpine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Apr 20 1922

FATHER		MOTHER	
FULL NAME	Calvin ~~Arthur~~ Alfred McCalpine	FULL MAIDEN NAME	Adelaide May Smith
RESIDENCE	Jerome	RESIDENCE	Jerome Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Ohio
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7a. M. on the date above stated.

(Signature) E. D. Piper M.D.

(Physician or midwife)

Address Jerome Idaho

Filed apr 24 1922 E. D. Piper M.D.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Clear K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss. FEB 2 1942 Certificate No. 101364

County of Jerome } Date Filed Apr 24/22

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH ~~OR DEATH~~)

for Calvin Leroy McIntyre (NAME ON ORIGINAL CERTIFICATE) who 20 (WAS BORN ~~OR DIED~~) on April - 1922 (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 30 - 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name of father	Calvin Arthur McIntyre	Calvin Alfred McIntyre
color	-	white —

Subscribed and sworn to before me this 30th day of January 1942

A J Glodowski

Notary Public, residing at Jerome, Idaho

My commission expires Aug 3rd 1943

(SEAL)

Signed Calvin Alfred McIntyre

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Jerome }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of January, 1942

A J Glodowski

Notary Public, residing at Jerome

My commission expires ~~May 6th 1944~~. Aug 3rd 1943

(SEAL)

Signed Vernon Schad

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Jerome, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 2 1942 By .....

(REGISTRAR'S SIGNATURE)

FEB 1 0 1942

MAY 8 1943

AUG 1 2 1942

JUN 6 1973

JUL 2 0 1973

968-220-027-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G-25m-9-8-15

PLACE OF BIRTH

County of Jerome

City of Jerome

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23

Primary Registration District No. 1017 2017

File No. 101368

Registered No. _____

FULL NAME OF CHILD Rose Mary Royer

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	— and —	—	Yes	April 20 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Howard Roy Royer	FULL MAIDEN NAME	Celia Schreiber
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Wis.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a. M. on the date above stated.

(Born alive or stillborn)

(Signature) E. D. Soper M. D.

(Physician or midwife)

Address Jerome Ida

Filed Apl 24 1922 E. D. Soper M. D.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

814-108
028-296

PLACE [redacted] OF IDAHO
PUBLIC WELFARE
ITAL STATISTICS

County of Kootenai [redacted] TE OF BIRTH

City of Coeur d [redacted]

No. 611 Garden St. [redacted] File No. 101371

Hospital ..... Primary Registration District No. 1051 Registered No. 1286

FULL NAME OF CHILD Robert Stanley Hammer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one		one	yes	Apr 8 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Cecil Andrew Hammer	FULL MAIDEN NAME	Maude Lucille Broadhead
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Book keeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Address Coeur d Alene

Filed 5/10 1922 D D Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-8-41

[redacted]

631-112-028-277

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 23 19 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 101372

No. ..... St.

Primary Registration District No. 1051 Registered No. 1284

Hospital .....

FULL NAME OF CHILD Robert George Flagan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	April 12 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Robert Flagan	FULL MAIDEN NAME	Cora A Sage
RESIDENCE	Rathdrum, Idaho	RESIDENCE	Rathdrum, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	S. Dak.
OCCUPATION	Signal Inspector N.P. Rwy	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rathdrum, Ida.

Filed 5/10 1922 D L Drumm Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 3 1942

SEP 18 1953

SEP 21 1953

SEP 22 1953

236-213-028-299

Form V. S. ~~No. 11-C~~ 25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Kootenai

CERTIFICATE OF BIRTH

City of Coeur d'Alene, Ida.

Registration District No. 30 File No. 101373

No. ..... St.

Primary Registration District No. 1051 Registered No. 1288

Hospital .....

FULL NAME OF CHILD MARIAN BERTHA Stone

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Jan. 13 1922

FATHER	MOTHER
FULL NAME Sam Stone	FULL MAIDEN NAME Amelia Briese
RESIDENCE Coeur d'Alene, Ida.	RESIDENCE Coeur d'Alene, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39. (Years)	AGE AT LAST BIRTHDAY 39. (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Germany
OCCUPATION Truck Driver.	OCCUPATION House Wife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn), at 8 P. M. on the date above stated.

(Signature) Dr. John P. Ward

(Physician or midwife)

Address Coeur d'Alene

Filed 5/10 1922 L. D. Emma Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 101373

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on 4/7/37 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on shortly after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Bertie	Marian Bertha Stone

Subscribed and sworn to before me this 12th day of November, 19 42

Notary Public, residing at

My commission expires
(Seal)

Signed John O Mead
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Coeur d'Alene, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13.
day of November 1942
Jas. A. Foster CLERK OF DISTRICT COURT
Notary Public, residing at EX OFFICIO AUDITOR & RECORDER
My commission expires
(Seal)
By Beulah Bakke, Deputy

Signed Mrs Amelia Stone
(Signature of Any Credible Person Other Than Previous Year)
P. O. Box 659
1911 Lincoln Way, Coeur d'Alene, Idaho
(Street Address, City, State)

NOV 18 1942

868-113-028-386

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAR 23 1922
BUREAU OF VITAL STATISTICS

County of Kootenai

City of Coeur d Alene — Registration District No. 30 — File No. 101375

No. ____ St.

Primary Registration District No. 1057 — Registered No. 1290

Hospital

FULL NAME OF CHILD Alfred Henry Horch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	April 13. 1922

FATHER	MOTHER
FULL NAME George F. Horch	FULL MAIDEN NAME Alma D. Thorn
RESIDENCE Rathdrum, Ida. R.1.	RESIDENCE Rathdrum, Ida. R. 1.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Russia	BIRTHPLACE Ida.
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

(Signature) Frank Henry
Physician M.
(Physician or midwife)

Address Rathdrum Ida.

Filed 5/10 1922 D.D. Drennan
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 3 10 37 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 101375

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Albert Henry Horch (Name on Original Certificate) who was born (Was Born or Died) on April 13, 1922 (Date of Event)

in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Albert	Alfred

Subscribed and sworn to before me this 8th day of April, 1977

Isabel H. Carn
Notary Public, residing at Spokane Wash
My commission expires 8-11-79
(Seal)

Signed Mrs Alvina Horch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of April, 1977

Isabel H. Carn
Notary Public, residing at Spokane Wash
My commission expires 8-11-79
(Seal)

Signed Bertha Thom
(Signature of Any Credible Person)

608 So. Stevens
(Street Address, City, State)

Spokane, Wa

FORM DH 60-155 CL 6/17/75 nm

Ceritif of Baptism from church gives name as Alfred Henry Horch child of George F. Horch and Alvina Thom Horch. born Apr 13, 1922 in Rathdrum, Idaho. Baptized in June 4, 1922 viewed by V. S.

MAY 2 5 1977

U.S. Army Honorable Discharge gives name as Alfred H. Horch. dated Aug 13, 1945. signed by Charles B. Ely, Lt Col. Infantry. viewed vy V. S.

392-114-028-392

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101376

County of Kootenai

City of Cornwd Alene

No. ..... St.

Hospital .....

Registration District No. 30 File No. .....

Primary Registration District No. 1051 Registered No. 1291

FULL NAME OF CHILD William Guy Cisco
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 14 1922

What bactericidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lut L. Cisco	FULL MAIDEN NAME	Mary Jennie Cisco
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Colfax Ida	BIRTHPLACE	Ida
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4:10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan
(Physician or midwife)

Address Cornwd Alene

Filed 5/10 1922 D D Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 21 1948

238-115-028-785

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. — St.

Registration District No. 30 File No. 101377

Hospital —

Primary Registration District No. 1057 Registered No. 1292

FULL NAME OF CHILD Ralph Owen Swangbeck Schwarzbach

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one (To be answered only in event of plural births)	and one	yes	Apr 15 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Wm George Swangbeck Schwarzbach	FULL MAIDEN NAME Olive Della Pyle
RESIDENCE	Coeur d Alene	Coeur d Alene
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	23 (Years)
BIRTHPLACE	Wisconsin	Montana
OCCUPATION	Fireman at Mill	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W H Holden

Physician
(Physician or midwife)

Address Coeur d Alene

Filed 5/10 1922 D D Green
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 24 1946

294-219-038-253

Amended April 30, 1971

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Kootenai

CERTIFICATE OF BIRTH

City of Coeur d'Alene, Ida.

Registration District No. 30 File No. 101378

No. ..... St.

Primary Registration District No. 1057 Registered No. 1293

Hospital .....

FULL NAME OF CHILD Agnes Mae Brucher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Apr. 19, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis Brucher.	FULL MAIDEN NAME	Agnes Kelly.
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John T. Coop Jr, Co

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene

Filed 5/10 1922 D. D. Dennis

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number 101378

Registration Dist. No. .....

Sex of Child.....Female.....

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

4 27 71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 30 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 101378

Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for Unnamed Brueher (Name on Original Certificate) who was born (Was Born or Died) on April 20, 1922 (Date of Event)

in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Brueher	Agnes Mae Brueher
Birthdate	April 20, 192	April 19, 1922

Subscribed and sworn to before me this 27th day of April, 1971

Notary Public, residing at Bonners Ferry

My commission expires 4-20-72

(Seal)

Signed Earl Edward Brueher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1119 Seth St. Coeur d'Alene Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate by Sacred Heart Hospital Spokane, Washington child born December 29,1948 , James Howard Thompson,Jr. gives mothers name as Agnes Mae Brueher born April 19,1922 .

APR 3 0 1971

Viewed by VS

Own childs Hospital Birth certificate Sacred Heart Hospital Spokane, Washington for Lawrence Edward Thompson born Oct. 12, 1953 gives mothers name as Agnes Mae Brueher born April 19, 1922.
Viewed by VS

843-121-028-152

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30

File No. 101379

Hospital .....

Primary Registration District No. 1057

Registered No. 1294

FULL NAME OF CHILD Joseph ~~Bryan~~ Bryan Hutsell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Apr. 21 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Ernest B Hutsell	FULL MAIDEN NAME	Viola Margaret Jessen
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wash.	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Thuyer H.
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Coeur d'Alene Ida.

Filed 5/10 1922 D D Brennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Nov. 22, 1940. E.W.

793-223-028-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 19

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 843 Gov't. Way St.

Registration District No. 30 File No. 101380

Hospital

Primary Registration District No. 1051 Registered No. 1295

FULL NAME OF CHILD Bernardine Blanche Pitzer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one		one	yes	Apr 23 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyral

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Dallas Pitzer	FULL MAIDEN NAME	Hazel Hattie Broxson
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Oregon	BIRTHPLACE	Montana
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Address Coeur d'Alene

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 5/10 1922 D D Drema
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

497-123-028-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101381

County of Kootenai

City of Coeur d Alene

No. 1224 - 9th St.

Registration District No. 30

File No.

Hospital —

Primary Registration District No. 1057

Registered No. 1296

FULL NAME OF CHILD Harry Raymond Mix
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One (To be answered only in event of plural births)	One	yes	Mar 23 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Everett Leroy Mix	FULL MAIDEN NAME	Anna Carlson
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 a.m. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden
Physician
(Physician or midwife)

Address Coeur d Alene

Filed 5/10 1922 D D Drema
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1953

465-229-028-638

PLACE OF BIRTH

RECEIVED MAY 23 192 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 30 File No. 101382

Primary Registration District No. 1051 Registered No. 1297

FULL NAME OF CHILD Dorothy Donart.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	3 24 192

What bactericidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Paul A. Donart.	FULL MAIDEN NAME	Pearl Olmsted.
RESIDENCE	Coeur d'Alene.	RESIDENCE	Coeur d'Alene.
COLOR	White. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Mich.
OCCUPATION	Dray.	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

(Physician ~~or midwife~~)

Address Coeur d'Alene

Filed May 10 192 D D Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1942

622-225-028-231

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101383

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30 File No. .....

Hospital ..... Primary Registration District No. 1051 Registered No. 1298

FULL NAME OF CHILD Thelma Lucile Osborne
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Apr. 25 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Floyd H. Osborne	FULL MAIDEN NAME	Eda Olive Black
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Sawmill Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer H.
Physician
(Physician or midwife)

Address Coeur d'Alene, Ida

Filed 5/10 1922 D. D. Drinna
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-225-028-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of C D Alene

No. Bancroft 709 St.

Registration District No. 30 File No. 101384

Hospital

Primary Registration District No. 1051 Registered No. 1299

FULL NAME OF CHILD Nolabelle Moore
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
f		Yes	Apr 25 1922

What bactericidal solution was used in eyes? Argyral

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Sam Moore	FULL MAIDEN NAME	Sadie Miller
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	Black	COLOR	Black
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	South Carolina	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	Hsw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1:30 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drennan M.D.
(Physician or midwife)

Address 303 Park Drive Coeur d'Alene

Filed 5/10 1922 D. D. Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 9 1972
JAN 1 0 1974

739-226-028-243

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida.

Registration District No. 30 File No. 101385

No. ..... St.

Primary Registration District No. 1057 Registered No. 1300

Hospital .....

FULL NAME OF CHILD Olive Jean Glinderman

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Apr 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Glinderman	FULL MAIDEN NAME	Laura Buchanan
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White. AGE AT LAST BIRTHDAY 36. (Years)	COLOR	White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	California	BIRTHPLACE	Minn.
OCCUPATION	Office Mgr.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive, at 3:15 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John F. Coop Jr. Co.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene

Filed 5/10 1922 D. L. Drewes

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED OCT 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Coeur d' Alene Ida

Street: 720 Foster Ave

County: Kootenai

File Number: 101385

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: April 26 192.2

Father: Henry Peter Glindeman (Full Name)

Mother: Laura M Buchanan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Aline Jean Glindeman

Child's Name in Full

.....

Signature of Father or Mother

MAY 2 8 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

318-125-028-885

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 192
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30

File No. 101386

Hospital

Primary Registration District No. 1051

Registered No. 1276

FULL NAME OF CHILD Benjamin Brenner Hyer Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	March 25 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Fuller Taylor	FULL MAIDEN NAME	Anna Doris Hyer
RESIDENCE	Coeur d'Alene, Idaho	RESIDENCE	Coeur d'Alene, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mexico City	BIRTHPLACE	Weston, N. J.
OCCUPATION	Student	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer M.D.

Physician
(Physician or midwife)

Address Coeur d'Alene, Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 5/10 1922 L. D. Brenner
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-126-028-354

PLACE OF BIRTH

Form V. S. No. 21—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 23 1922

CERTIFICATE OF BIRTH

101387

County of Spokane

City of R.7. D. Post Falls — Registration District No. 30 — File No.

No. ____ St. — Primary Registration District No. 1051 — Registered No. 1277

Hospital ____

FULL NAME OF CHILD Fletcher Hugh Hampton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Mar 26 1922

FATHER		MOTHER	
FULL NAME	W. J. Hampton	FULL MAIDEN NAME	Delphia Ledford
RESIDENCE	Moab - Spokane Co.	RESIDENCE	Moab - Spokane Co.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	62 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	House-Keeper

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 45 a M. on the date above stated.

(Signature) J. L. McCauley

(Physician or midwife)

Address Post Falls, Idaho

Filed 5/10 1922 D.D. Brenna Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1944

STATE OF IDAHO

[illegible] OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

[illegible] TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Tulare

Certificate No. 101387

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Fletcher Hugh Hampton (Birth or Death) for Fletcher Hugh Hampton (Name on Original Certificate) who born (Was Born or Died) on March 26, 1922 (Date of Event) in Hauser Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by word of mother (Bible Record, Insurance Policy, Etc.) prepared on Jan. 3, 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
		(Fletcher Hugh Hampton)
name	None given	Fletcher J. H. Hampton

Subscribed and sworn to before me this 3 day of January, 1944

A B Hewes

Notary Public, residing at Exeter Cal

My commission ~~expires~~ Jan 20 – 1946
(Seal)

Signed Arkey McMurray
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 2 1 1944

FEB 21 1961

464-227-028-168

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101388

County of Kootenai

City of Post Falls

Registration District No. 30

File No.

No. St.

Primary Registration District No. 1057

Registered No. 1278

Hospital

FULL NAME OF CHILD Lucy Oraetta Dodge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Mar 27 1922

FATHER		MOTHER	
FULL NAME	Uriah Dodge	FULL MAIDEN NAME	Harriet Johnson
RESIDENCE	Spokanebridge	RESIDENCE	Spokanebridge
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House-Keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:15 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley
(Physician or midwife)

Address Post Falls, Idaho

Given names added from a supplemental report.

19

Registrar.

Filed 6/10 1922 O. D. Drenna
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

353-130-028-384

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 15 1922 BUREAU OF VITAL STATISTICS

County of Kootenai

City of Post Falls Registration District No. 30 File No. 101390

No. ____ St.

Primary Registration District No. 1051 Registered No. 1280

Hospital ____

FULL NAME OF CHILD Thurman Charles Teters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	-	-	Yes	Mar. 30 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles A. Teters	Latona Chute
RESIDENCE	White	White
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	35
BIRTHPLACE	Iowa	Mo.
OCCUPATION	Machinist	House Keeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7.25 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley
(Physician or midwife)

Address Post Falls Idaho

Given names added from a supplemental report. ____ 19____

____ Registrar.

Filed 5/10 1922 D D Brennan Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1942

655-101-028-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 19
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101391

County of Kootenai

City of Coeur d Alene

No. ..... St.

Hospital

Registration District No. 30

Primary Registration District No. 1051

File No.

Registered No. 1281

FULL NAME OF CHILD Delmer Dardo Feeley

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		Yes.	April 1 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Irvan Forrest Feeley	FULL MAIDEN NAME Bertha Finney
RESIDENCE	RESIDENCE
COLOR White AGE AT LAST BIRTHDAY 36 (Years)	COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Wash.	BIRTHPLACE Ill.
OCCUPATION Farmer	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, (Born alive or stillborn) **at** 1030 **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) D W Brenna

Physician
(Physician or midwife)

Address Coeur d Alene

Filed 5/10 1922 D W Brenna
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/4/40 L. B.

912-103-028-283 RECEIVED

MAY 23

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Kootenai BUR... ST... CERTIFICATE OF BIRTH

City of Coeur d'Alene Ida. Registration District No. 30 File No. 101392

No. 801-9. St. St.

Hospital Primary Registration District No. 1051 Registered No. 1282

FULL NAME OF CHILD George Orville Rabideau

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes.	Mar.	3	1922

	FATHER	MOTHER
FULL NAME	Geo Leroy Rabideau	FULL MAIDEN NAME Margaret Battrell
RESIDENCE	Coeur d'Alene, Ida.	Coeur d'Alene. Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	24 (Years)
BIRTHPLACE	Mich	Mich
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr John D. Cook

(Physician or midwife)

Address Coeur d'Alene

Filed 5/10 19 22 N D Brennan

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 1 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 1 6 1922

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Coeur d'Alene Idaho

Street: 801 "A" St.

County: Kootenai

File Number: 101392

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: April 3rd 1922.

Father: George Louis Rabideau (Full Name)

Mother: Margaret Ann Bothell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

George Orville Rabideau
Child's Name in Full

Margaret Rabideau
Signature of Father or Mother

JUL 10 1942

AUG 3 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

NOV 27 1942

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

319-103-028-235

RECEIVED

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101393

County of Kootenai

City of Coeur d'Alene, Ida.

Registration District No. 30

File No.

No. 7th & Lakeside.

Primary Registration District No. 1001

Registered No. 1283

Hospital

FULL NAME OF CHILD Richard Sterg Larsen.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			Yes.	Jan.	3	1922

FATHER		MOTHER	
FULL NAME	Laurence V. Larson.	FULL MAIDEN NAME	Louise G. Sterg
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Wisconsin.	BIRTHPLACE	Wisconsin.
OCCUPATION	Merchant.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John D. Coon

(Physician or midwife)

Address Coeur d'Alene

Given names added from a supplemental report.

19

Registrar

Filed 5/10 1922 D D Freeman

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEI
JUL 3 19
LOGE
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 16 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Coeur d'Alene; Street 622 Lakeside Ave; County Kootenai

File Number 101393

Registration Dist. No. .....

Date of Birth April 3 1922

Sex of Child Male

Father Clarence P. Larson (Full Name)

Mother Louise Steig Larson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Richard Steig Larson
Child's Name in Full

Clarence P. Larson
Signature of Father ~~or Mother~~

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

APR 1 1958

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

445-203-028-559

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAY 2 1922 BUREAU STA

CERTIFICATE OF BIRTH

County of Kootenai

City of Cdg

No. ..... St.

Hospital .....

Registration District No. 30 File No. 101394

Primary Registration District No. 1051 Registered No. 1284

FULL NAME OF CHILD Marian Alice Duvall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.		Yes	April 3, 1922

FATHER		MOTHER	
FULL NAME	Robert McDuvall	FULL MAIDEN NAME	Dora E. McNeill
RESIDENCE	Belmont, Ida	RESIDENCE	Belmont, Ida
COLOR	white AGE AT LAST BIRTHDAY 42 (Years)	COLOR	white AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	N. Carol.	BIRTHPLACE	N. Carol.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Very

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum, Ida

Registrar

Filed 5/10 1922 D.D. Greenan

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1942

796-206-028-335

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 101395

No. ..... St.

Primary Registration District No. 1057 Registered No. 1286

Hospital .....

FULL NAME OF CHILD Albertha Irene Grove

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.		Yes	April 6, 1922

FATHER		MOTHER	
FULL NAME	Roscoe E. Grove	FULL MAIDEN NAME	Clara B. Clemo
RESIDENCE	Chilco, Ida.	RESIDENCE	Chilco, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kans.	BIRTHPLACE	Mont
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum Ida.

Registrar

Filed 6/10 1922 D D Drennan

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1944

386-207-028-469

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 101396

No. _____ St.

Primary Registration District No. 1057 Registered No. 1285

Hospital _____

FULL NAME OF CHILD Jean Eleanor Thorp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.		Yes	April 7. 1922

FATHER		MOTHER	
FULL NAME	Thomas H. Thorp	FULL MAIDEN NAME	Lottie F. Morris
RESIDENCE	Garwood, Ida	RESIDENCE	Garwood, Ida
COLOR	white AGE AT LAST BIRTHDAY 44 (Years)	COLOR	white AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Calif.	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wiens

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rathdrum, Ida

Filed 8/10 1922 D P Drema
Registrar

_____
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1954

319-115-028-553

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30

File No. 101397

Hospital Edison

Primary Registration District No. 1051

Registered No. 1267

FULL NAME OF CHILD Russell Thorne Carlson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Mch. 15 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Rudolph T. Carlson	FULL MAIDEN NAME	Ellen Nelson
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Coeur d'Alene	BIRTHPLACE	Mich.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer M.D.

Physician
(Physician or midwife)

Address Coeur d'Alene Ida.

Filed 0/10 1922 D. D. Drennen
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-118-028-634

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 205 Indiana St.

Registration District No. 30

File No. 101398

Hospital Reed

Primary Registration District No. 1057

Registered No. 12'68

FULL NAME OF CHILD Robert Emerson Kruse
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	one		one	yes	Mar 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robert Paul Kruse	FULL MAIDEN NAME	Rhea Geraldine Olmstead
RESIDENCE	1502 4th St Coeur d'Alene Ida	RESIDENCE	1502 4th Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Elliott Iowa	BIRTHPLACE	Butte, Montana
OCCUPATION	Tire Vulcanizer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Address Coeur d'Alene

Filed 5/10 1922 D D Drumm
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 22 1942

391-218-028-345

RECEIVED MAY 2 1922

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida.

Registration District No. 30 File No. 101399

No. ..... St.

Primary Registration District No. 1057 Registered No. 1269

Hospital .....

FULL NAME OF CHILD Hazel Alvina Trace.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Mar. 18 1922. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur R. Trace	FULL MAIDEN NAME	Alvina Lund.
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	22. (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	N. Dak.
OCCUPATION	Lumber Grader.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John P. Ward

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene

Filed 5/10 1922 D. D. Drenna

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1 1972

863-219-028-154

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 30

File No. 101400

Primary Registration District No. 1051

Registered No. 1270

FULL NAME OF CHILD ..... MARIE ANDERSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		No	March 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ludwig Holm	FULL MAIDEN NAME	Esther Anderson
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	unknown (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	unknown	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	at home.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5. A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Barclay

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur d'Alene

Filed 6/10 1922 D. D. Drennan
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 3 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 101400

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child Female

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

JUN 16 1922

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

215-121-028-453

[redacted]LACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

Registration District No. 30 File No. 101401

No. ..... St.

Primary Registration District No. 1051 Registered No. 1241

Hospital .....

FULL NAME OF CHILD Robert William Sandora

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Mar 21 1922

FATHER

FULL NAME Harry Sandora

RESIDENCE Post Falls

COLOR white AGE AT LAST BIRTHDAY 58 (Years)

BIRTHPLACE Penn

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ella Belle Mellick

RESIDENCE Post Falls

COLOR white AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE So Dakota

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 730 9 M. on the date above stated.

(Signature) I L McCauley

(Physician or midwife)

Address Post Falls

Filed 5/10 19 22 LW Drennan Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St. Registration District No. 30 File No. 101402

Hospital ..... Primary Registration District No. 1051 Registered No. 1272

FULL NAME OF CHILD Ruth Ryppetoe
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Mch 22 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Tom J. Ryppetoe	FULL MAIDEN NAME	Avis Sanhan
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ida.	BIRTHPLACE	Wash.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer H.
Physician
(Physician or midwife)

Address Coeur d'Alene, Ida.

Filed 5/10 1922 D. D. Dreman
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

APR 2 4 1969

295-124-028-235

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai.

City of Coeur d'Alene

Registration District No. 30

File No. 101403

No. ..... St.

Primary Registration District No. 1051

Registered No. 1273

Hospital .....

FULL NAME OF CHILD Singer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	March 24th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Singer	FULL MAIDEN NAME	Ada Stewart
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Barclay

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene

Filed 5/10 1922 L. L. Drennan

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1 1974

281-124-028-281

Form V. S. No. 11-C—25m-7-21-19

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida.

Registration District No. 30 File No. 101404

No. ..... St. —

Primary Registration District No. 1051 Registered No. 1274

Hospital .....

FULL NAME OF CHILD Shaver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Mar. 24 1922. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Seymour Shaver.	FULL MAIDEN NAME	Vivian Shaver.
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27. (Years)	AGE AT LAST BIRTHDAY	24. (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Printer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John T. Wood Jr. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene

Filed 5/10 1922 D. D. Freeman Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-124-028-559

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

Registration District No. 30

File No. 101405

No. ..... St.

Primary Registration District No. 1061

Registered No. 1275

Hospital .....

FULL NAME OF CHILD Gerald Albert Talior

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar 24 1922

FATHER

FULL NAME Gerald Talior

RESIDENCE Post Falls

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Mont

OCCUPATION Substation Operator

MOTHER

FULL MAIDEN NAME Charlotte Vervin

RESIDENCE Post Falls

COLOR white AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE France

OCCUPATION Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:15 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) F. L. McCauley

(Physician or midwife)

Address Post Falls, Idaho

Filed 5/10 1922 E. K. Brenner
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

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Registrar.

MARGIN RESERVED FOR RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-224-028-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Kootenai

City of Coeur d' Alene

RECEIVED
MAY 23 1922

CERTIFICATE OF BIRTH

No. ..... St. .....

Registration District No. 30

File No. 101406

Hospital .....

Primary Registration District No. 1851

Registered No. 1258

FULL NAME OF CHILD Violet Louise Barber.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Feb. 24 1922

What bacteriocidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Ernest Barber	FULL MAIDEN NAME	Sarah Ann Davis
RESIDENCE	Coeur d' Alene, Ida	RESIDENCE	Coeur d' Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Clevenger M.D.
Physician
(Physician or midwife)

Address Coeur d' Alene, Ida

Give names added from a supplemental report.

....., 192.....

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Registrar.

Filed 5/10 1922 D D Brena
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 6 1971

953-201-028-315

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 1801 — 5th St.

Hospital —

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 101407

Primary Registration District No. 1051 Registered No. 1259

FULL NAME OF CHILD Lorella Madeline Recor
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one		one	yes	Mch 1 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George William Recor	FULL MAIDEN NAME	Helen Marie Landberg
RESIDENCE	Coeur d'Alene Ida.	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Minnesota	BIRTHPLACE	Colorado
OCCUPATION	Teamster	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Address Coeur d'Alene

Filed 5/10 1922 D D Greene
Registrar.

Give names added from a supplemental report.

....., 19....

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Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

434-202-028-249

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101408

County of Kootenai

City of Coeur d'Alene

No. 1133 - 6th St. Registration District No. 30 File No.

Hospital — Primary Registration District No. 1051 Registered No. 1260

FULL NAME OF CHILD Helen Margaret McMullen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one		one	yes	Mch 2 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Walter Bruce McMullen	FULL MAIDEN NAME	Sadie E. Smith
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Iowa	BIRTHPLACE	Indiana
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Address Coeur d'Alene

Filed 5/10 1922 L L Drinna
Registrar.

Give names added from a supplemental report.

....., 19.....

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Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-105-028-22

RECEIVED MAR 1922 BUR.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Horley, Ida. Registration District No. 30 File No. 101409

No. ____ St.

Primary Registration District No. 1050. Registered No. 1261

Hospital ____

FULL NAME OF CHILD Harvard James Hansson.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	March 5th 1922.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Howard J. Hansson.	Lillian Broadaw.
RESIDENCE	Horley. Idaho.	Horley. Idaho.
COLOR	White	White.
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Washington	Oregon.
OCCUPATION	Merchant.	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 1.20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Hennington Jr. M. D.
(Physician or midwife)

Address Horley Idaho.

Given names added from a supplemental report.

____ 19____

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Registrar

Filed 5/10 1922 D. D. Drenna
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-205-028-297

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAY 23 19[illegible] BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101410

County of Kootenai

City of Harley. Idaho

Registration District No. 30 File No.

No. St.

Primary Registration District No. 105-T. Registered No. 1262

Hospital

FULL NAME OF CHILD Doris Inez Bracket.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			No	4 - 5 - 1922.

	FATHER	MOTHER
FULL NAME	Don't Know.	FULL MAIDEN NAME Elizabeth. V. Bracket.
RESIDENCE	Don't Know.	RESIDENCE Kingston Idaho.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	Don't Know. (Years)	AGE AT LAST BIRTHDAY 21. (Years)
BIRTHPLACE	Don't Know.	BIRTHPLACE Minn.
OCCUPATION	Don't Know.	OCCUPATION School-Teacher.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 3 A. M. on the date above stated.

(Signature) J. J. Herrington M. D.

Harley. Idaho.
(Physician or midwife)

Address

Filed 5/10 1922 D. D. Brennan
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

751-207-028-527

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 19
BU

CERTIFICATE OF BIRTH

101411

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 30 File No. .....

Primary Registration District No. 1057 Registered No. 1263

FULL NAME OF CHILD Francis Bernice Pease
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Mch. 7 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Allen A. Pease	FULL MAIDEN NAME	Marie A. Esgar
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mont.	BIRTHPLACE	Mont.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hoyer D.
Physician
(Physician or midwife)

Address Coeur d'Alene Ida.

Filed 5/10 1922 D B Drennan
Registrar.

Give names added from a supplemental report.

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Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1966

MAR 24 1942

JAN 15 1945

453-207-028-SS1 RECEIVED MAY 2

PLACE OF BIRTH

Form V. S. No. 11—20m-7-24-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls Registration District No. 30 File No. 101412

No. ..... St.

Primary Registration District No. 1057 Registered No. 1264

Hospital .....

FULL NAME OF CHILD Eva Bernice Mellick

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Mar 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde Mellick	FULL MAIDEN NAME	Eva Dean
RESIDENCE	Post Falls	RESIDENCE	Post Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Post Falls, Idaho

Filed 5/10 1922 L. L. Drenna Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 1958

381-109-028-275

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 23 1922

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

Registration District No. 30 File No. 101413

No. ..... St.

Primary Registration District No. 1057 Registered No. 1463

Hospital .....

FULL NAME OF CHILD Walter Francis Chapin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	2	Yes	Mar 9 1922

FATHER

FULL NAME Walter J Chapin

RESIDENCE Post Falls.

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Loomis Nebr.

OCCUPATION Druggist

MOTHER

FULL MAIDEN NAME Elizabeth M. Speich

RESIDENCE Post Falls

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Onondago New York

OCCUPATION House-Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L McCauley
(Physician or midwife)

Address Post Falls, Idaho

Given names added from a supplemental report. ..... 19....

Filed 5/10 1922 D D Dremen
Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-224-028-963

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL

County of Kootenai

City of Post Falls

Registration District No. 30 File No. 101414

No. ..... St.

Primary Registration District No. 1051 Registered No. 1251

Hospital .....

FULL NAME OF CHILD Cora Jean Hilbert

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	yes	Jan 24 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. N. Hilbert	FULL MAIDEN NAME	Cora Rockhill
RESIDENCE	Post Falls	RESIDENCE	Post Falls
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Wash
OCCUPATION	Machinist	OCCUPATION	House-Keeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 30 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Post Falls, Idaho

Filed May 9 1922 [signature] Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1942

JUN 6 1975

791-213-028-613

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Kootenai

City of Post Falls

Registration District No. 30

File No. 101415

No. ..... St.

Primary Registration District No. 1051

Registered No. 1266

Hospital .....

FULL NAME OF CHILD Ruth Marcella Graham

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1		1	Yes	Mar 13 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. W. Graham	FULL MAIDEN NAME	
RESIDENCE	Post Falls	RESIDENCE	Post Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Mill Laborer	OCCUPATION	House-Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F L McCauley

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Post Falls, Idaho

Filed 5/10 1922 D D Drewes

Registrar.

Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10 1945

AUG 19 1942

6

H Z no mother

433-127-028-955

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

Registration District No. 3 C

File No. 101416

No. ..... St.

Primary Registration District No. 1051

Registered No. 1252

Hospital .....

FULL NAME OF CHILD Robert Neal McCarty

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan 27 1922

FATHER

FULL NAME: William J McCarty

RESIDENCE: Post Falls

COLOR: white

AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Wis

OCCUPATION: Rocket setting Saw Mill

MOTHER

FULL MAIDEN NAME: Metta Keen

RESIDENCE: Post Falls.

COLOR: white

AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Minn

OCCUPATION: House Keeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

(Signature) F L McCarty

(Physician or midwife)

Address .....

Filed Feb 4 1922

Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1942

DEC 20 1943

692-201-028-296

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 20 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

Registration District No. 30 File No. 101417

No. ..... St.

Primary Registration District No. 1051 Registered No. 1252

Hospital .....

FULL NAME OF CHILD Irene Josephine Fisher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Feb 1st 1922

FATHER		MOTHER	
FULL NAME	Ralph Fisher	FULL MAIDEN NAME	Icie Brookshire
RESIDENCE	Spokane bridge Wn	RESIDENCE	Spokane Bridge Wn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Pa	BIRTHPLACE	Ten
OCCUPATION	Rancher	OCCUPATION	House-Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 15 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Post Falls Idaho

Registrar.

Filed May 9 1922 D. D. Drennan Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 20 1944

231-204-038-366

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

County of Kootenai

City of Post Falls

Registration District No. 30 File No. 101418

No. ..... St.

Primary Registration District No. 1051 Registered No. 1253

Hospital .....

FULL NAME OF CHILD Elizabeth Fay Stanley

Sex of Child Female	Twin Triplet or other? 1 and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Feb 4 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arland M Stanley	FULL MAIDEN NAME	Pearl Cowden
RESIDENCE	Spirit Lake	RESIDENCE	Post Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Mich
OCCUPATION	R. R. Brakeman	OCCUPATION	House Keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 15 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F L McCauley

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Post Falls Idaho

Filed May 9 1922 [signature] Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Post Falls R 2

Street: Pleasant View Dist

County: Kootenai Co

File Number: 101418

Registration Dist. No.:

Date of Birth: February 4th 192 2

Sex of Child: Female

Father: Orland Milton Stanley (Full Name)

Mother: Elizebeth Pearl Cowden (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elizebeth Fay Stanley (Child's Name in Full)

Elizebeth Pearl (Cowden) St (Signature of Father or Mother)

Was in attendance
Dr McCauley of Post Falls.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

863-108-028-395

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1927
BUREAU OF VITAL STATISTICS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Kootenai

City of Post Falls — Registration District No. 30 — File No. 101419

No. ____ St. — Primary Registration District No. 1051 — Registered No. 1254

Hospital ____

FULL NAME OF CHILD Harold Joseph Holmes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	Feb 8 1927

FATHER		MOTHER	
FULL NAME	Joe Holmes	FULL MAIDEN NAME	Verdie E. Lindley
RESIDENCE	Post Falls	RESIDENCE	Post Falls
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wn
OCCUPATION	Farmer	OCCUPATION	House-Keeper

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P M. on the date above stated.

(Signature) F. L. McCauley

(Physician or midwife)

Address Post Falls

Filed 5/10 1927 D. L. Brennan Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

____ Registrar.

855-109-038-953

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101420

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30

File No. .....

Hospital .....

Primary Registration District No. 1051

Registered No. 1265

FULL NAME OF CHILD Kenneth Eugene Hendrix
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Feb 9 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Otis William Hendrix	FULL MAIDEN NAME	Frances Agatha Recor
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Okl.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer M.
Physician
(Physician or midwife)

Address Coeur d'Alene Ida

Filed 4/10 1922 D. D. Drennan
Registrar.

Give names added from a supplemental report.

....., 192....

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Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1951

294-117-028-294

PLACE OF BIRTH

[redacted]

Form V. S. No. 11—20m-7-26-19

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

Registration District No. 31

File No. 101421

No. ..... St.

Primary Registration District No. 1061

Registered No. .....

Hospital .....

FULL NAME OF CHILD Harold Robert Kimmel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male			✓	yes	Feb 17 1922

FATHER

FULL NAME H. P. Kimmel

RESIDENCE Post Falls

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Omaha Nebr.

OCCUPATION Machinist

MOTHER

FULL MAIDEN NAME Vella Brugger

RESIDENCE Post Falls

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Wash

OCCUPATION House-Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 12. P M. on the date above stated.

(Signature) F. L. McCauley

(Physician or midwife)

Address Post Falls Idaho

Filed Mar 10 1922

Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

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Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

236-220-028-193

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 205 Indiana St.

Registration District No. 30 File No. 101422

Hospital Reed

Primary Registration District No. 1057 Registered No. 1257

FULL NAME OF CHILD Janet Catherine Stone
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb. 20 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Albert Leslie Stone	FULL MAIDEN NAME	Marion Aitchison
RESIDENCE	705 Second Street	RESIDENCE	705 Second Street
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nelson, British Columbia	BIRTHPLACE	Spokane, Washington
OCCUPATION	Mechanical Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennen

(Physician ~~or midwife~~)

Address Coeur d'Alene

Filed 5/10 1922 D D Drennen
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF BIRTH 239-230-029-359

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 1205 Jackson St.

Hospital

RECEIVED [illegible] 1922 BUREAU OF VITAL STATISTICS

Registration District No. 61 File No. 101424

Primary Registration District No. 1011 Registered No. 57

FULL NAME OF CHILD Geraldine Frances Stratton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	April 30 1922

What bactericidal solution was used in eyes? Argent Nit

Number of child of this mother, including present birth 3rd Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Leslie E. [redacted]ton	FULL MAIDEN NAME Jennie June Leitch
RESIDENCE Whitman Co. Wash.	RESIDENCE Whitman Co. Wash
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Whitman Co, Wash	BIRTHPLACE Charleston Illinois
OCCUPATION Farm & Dairy	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9.30 P. M. on the date above stated.

(Signature) F. M. Leitch M.D.

(Physician or midwife)

Address Moscow Idaho

Filed April 30 1922 N. H. Gaithers Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1943

[redacted]

255-115-029-618

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 203 E 6th St. Registration District No. 61 File No. 101425

Hospital Primary Registration District No. 1011 Registered No. 54

FULL NAME OF CHILD Robert Lee Kennedy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Apr 15 1922

What bactericidal solution was used in eyes? Arg NO3 1/2%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	John W. Kennedy	Frida May Waymire
RESIDENCE	203 E 6th. Moscow Ida	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Colfax Wash.	Colfax Wash
OCCUPATION	Merchant	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gabbert

Physician

(Physician or midwife)

Address Moscow Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed April 30 1922 M H Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 19

MAY 16 19

854-105-028-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101426

County of Latah

City of Moscow

No. 720 So. Main St. Registration District No. 61 File No.

Hospital The Gritman Primary Registration District No. 1011 Registered No. 52

FULL NAME OF CHILD Jack Leslie Hemmett
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 9 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Leslie Hemmett	FULL MAIDEN NAME	Mildred Louise Dowling
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Thayne, Wyo.	BIRTHPLACE	Spokane, Wash.
OCCUPATION	Structural Engineer Student	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:50 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Chas. L. Gritman MD
Physician
(Physician or midwife)

Address Moscow Idaho

Filed April 30 1922 W. H. Carruthers
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-105-029-265
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101427

County of Latah
City of Moscow
No. 307 S. Monroe St. Registration District No. 01 File No.
Hospital Primary Registration District No. 1011 Registered No. 51

FULL NAME OF CHILD GEORGE DONALD CAMPBELL
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr. 5, 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Fred Deakin Campbell	FULL MAIDEN NAME: Harriet Boettcher
RESIDENCE: 307 S. Monroe, Moscow	RESIDENCE: 307 S. Monroe, Moscow
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Gainesville, Texas	BIRTHPLACE: Spokane, Wash.
OCCUPATION: Bookkeeper	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:00 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Harry Earnhouse M.D.
(Physician or midwife)

Address Moscow, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed April 30 1922 M.H. Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 101427

County of Clearwater } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth of George Donald Campbell (Birth or Death)

for Donald George Campbell (Name on Original Certificate) who born (Was Born or Died) on April 5, 1922 (Date of Event)

in Moscow Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by — (Bible Record, Insurance Policy, Etc.) prepared on — (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Donald George Campbell	George Donald Campbell

Subscribed and sworn to before me this 25, day of Feb, 1922

[signature]

Notary Public, residing at Orofino

My commission expires May 10, 1925

(Seal)

Signed Fred D. Campbell Father

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 15 1966

MAR 2 1949

266-214-029-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

101428

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Joel

No. RW St. Registration District No. 61 File No.

Hospital Primary Registration District No. 2141 Registered No. 53

FULL NAME OF CHILD Opal Louise Kofton

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 14 1922

What bactericidal solution was used in eyes? Argyrol Nitrate Sol. 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William A. Kofton	FULL MAIDEN NAME	Fannie Ellen Morton
RESIDENCE	Joel Idaho.	RESIDENCE	Joel Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	So. Da Kota	BIRTHPLACE	Idaho
OCCUPATION	Painter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:35 a. M. on the date above stated.

(Signature) Clifford O. Armstrong M.D.

Physician

(Physician or midwife)

Address Moscow, Idaho.

Filed April 30 1922 W H Carruthers Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-121-029-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Garfield Nash

Registration District No. 61

File No. 101429

No. R.F.D. No. 1 St.

Primary Registration District No. 2141

Registered No. 55

Hospital

FULL NAME OF CHILD Kenneth La Verne Long

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Yes	April 21 1922

FATHER		MOTHER	
FULL NAME	Jesse Alonza Long	FULL MAIDEN NAME	Rose Alta McManama
RESIDENCE	Latah Co Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 8 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P E Wiesel M D (Physician or midwife)

Address Garfield Nash

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed April 30 1922 W H Carruthers
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-127-029-343

PLACE OF BIRTH

RECEIVED MAY 2[illegible] 192[illegible] BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

2

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Inland Empire

Registration District No. 61 File No. 101430

Primary Registration District No. 1011 Registered No. 58

FULL NAME OF CHILD Grant Robert Gaines
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Fifth (To be answered only in event of plural births)	Yes	April 27 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth Fifth Number of child of this mother now living, including present birth Four

FATHER		MOTHER	
FULL NAME	Edward F Gaines	FULL MAIDEN NAME	Xerpha McCulloch
RESIDENCE	Pullman Wash	RESIDENCE	Pullman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Avalon Mo	BIRTHPLACE	Kraft Wisconsin
OCCUPATION	Plant breeder	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Archer DO
Pullman Wash
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed April 30 1922 M H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1950

319-121-029-692

PLACE OF BIRTH

RECEIVED MAY 23 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Latah

City of Garfield RFD

No. Nash St.

Hospital

Registration District No. 61

File No. 101431

Primary Registration District No. 2141

Registered No. 56

FULL NAME OF CHILD Byron Robert Carter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Apr 21 1922

FATHER		MOTHER	
FULL NAME	Samuel Robt Carter	FULL MAIDEN NAME	Edith Fisher
RESIDENCE	Latah Co Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Arkansas	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P E Wiesel

M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Garfield Nash

Filed April 30 1922 W H Carothers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED JUL 10 1922 VITAL STATISTICS

JUN 1 1922

Boise, Idaho, ... 192...

Mother Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Latah Co. Idaho

File Number 101431

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth ... April 21 ..... 192 2

Father Samuel Robert Harter
Full Name

Mother Edith Fisher
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Byron Robert Harter
Child's Name in Full

Mrs. S. R. Harter
Signature of Father or Mother

MAR 1 1 1957

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

62

P[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. 519-214-028-966 St. Registration District No. 126 File No. 101432

Hospital Primary Registration District No. 2204 Registered No. 87

FULL NAME OF CHILD Agness May Vaver
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth April 14 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Wm Vaver	FULL MAIDEN NAME	Nora Rood
RESIDENCE	Springston Ida	RESIDENCE	Springston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Iowa
OCCUPATION	Engmere	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
M D
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Harrison Ida

Filed 6 1 1922 J M Finney
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1943

[redacted]

215-20-028-465

PLACE OF BIRTH

RECEIVED JUN 1922 VITAL STATISTICS BUREAU STATE

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Medimont

Registration District No. 126 File No. 101433

No. ____ St.

Primary Registration District No. 2204 Registered No. 50

Hospital

FULL NAME OF CHILD Carol Marion Sanders

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	May 1 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William A. Sanders	Ruby Luella Moe
RESIDENCE	Medimont, Ida.	Medimont, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	35	27
BIRTHPLACE	Streetsville, Ontario.	Medimont, Ida.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:40 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician

(Physician or midwife)

Address Rose Lake, Ida.

Given names added from a supplemental report.

19____

Registrar

Filed 6-1 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

364 666-217-028-144

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Registration District No. 126 File No. 101434

Hospital Lakeview Primary Registration District No. 2204 Registered No. 39

FULL NAME OF CHILD Barbara Mae Hood
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 17 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	R. Norman Hood	FULL MAIDEN NAME	Ethel Addington
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ivis	BIRTHPLACE	Harrison Ida
OCCUPATION	Truck driver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney

M D
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Harrison Ida

Filed 6 7 1922 J M Finney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1959

619-106-028-219

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 10435

Primary Registration District No. 2204 Registered No. 40

FULL NAME OF CHILD William La Warren

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 6 1922

What bacteriecidal solution was used in eyes? Ca Born

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ira A Warren	Charlotte Baronnet
RESIDENCE	Harrison Ida	Harrison Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Little Falls Minn	Bordeaux France
OCCUPATION	Engineer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Freeman MD
(Physician or midwife)

Address Harrison Ida

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 6-1 1922 J M Freeman
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 22 1941

653-126-028-263

365

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St. ..... Registration District No. 126 File No. 101436

Hospital ..... Primary Registration District No. 2204 Registered No. 41

FULL NAME OF CHILD Merrel Allen Hellington
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 26 1922

What bactericidal solution was used in eyes? ac Bore

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Louis G. Hellington	FULL MAIDEN NAME	Helen Bock
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Kenney
M D
(Physician or midwife)

Give names added from a supplemental report.

K ....., 192....

..... Registrar.

Address Harrison Ida

Filed 6-1 1922 J M Kenney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1951

312-227-028-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St. ..... Registration District No. 126 File No. 101437

Hospital Lakeview Primary Registration District No. 2204 Registered No. 42

FULL NAME OF CHILD Lillian Jane Lasonde
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 27 (Year) 1922
Female		Yes	

What bactericidal solution was used in eyes? Ac Bore

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ralph A Lasonde	FULL MAIDEN NAME	Agness Farrell
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Cloquet Minn	BIRTHPLACE	Kankauna Wis
OCCUPATION	Sawyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney M D
Harrison
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Idaho

Filed 6-1 1922 J M Finney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1962

OCT 3 1962

298-117-028-369

360

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

childs name amend 10-29-85 dl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Registration District No. 126

File No. 101438

Hospital .....

Primary Registration District No. 2204

Registered No. 43

FULL NAME OF CHILD ~~Willie Brayman~~ William Joseph Brayman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mar 17 1922

What bactericidal solution was used in eyes? A C Bond

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wm Henry Bayman	FULL MAIDEN NAME	Mary Tressie Torchie
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mich	BIRTHPLACE	Pa
OCCUPATION	Com Sob	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
M D
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Harrison Ida

Filed June 1 1922 J M Finney Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1962
16 1962

10-29-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 29 11 58 AM '85

State of Idaho
County of Ada } ss.

Certificate No. 101438
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Willie Brayman (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 17, 1922 (Date of Event)

in Harrison (Kootenai) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Willie Brayman	William Joseph Brayman

Subscribed and sworn to before me this 29th day of October, 1985.

Notary Public, Pavalin Leavitt
Residing at Boise Ada ID
My commission expires Jan 10, 1987
(Seal)

William J. Brayman
Signature of Applicant

x 885 N 7th E Mt Home Ida
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Newspaper birth announcement lists Mr. & Mrs Henry Brayman had aboy and he was named William Joseph Brayman. Birth date March 17, 1922. Viewed by V.S..

OCT 29 1985

Family Bible lists William Joseph Brayman born March 17, 1922 in Idaho. Obviously old record. Viewed by V.S.

Birth Certificate for William Lynn Brayman born 7-23-43 in St. Maries lists father as William J. Brayman. Viewed by V.S.

349-22-0278-966

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 8 1922
BUREAU OF VITAL STATISTICS

County of Kootenai
City of Coeur d'Alene
No. 205 Indiana Registration District No. 85 File No. 101439
Hospital Reed Primary Registration District No. 1851 Registered No. 1312

FULL NAME OF CHILD Helen Jeanne Curtis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	and		Yes	March 20 1922

What bactericidal solution was used in eyes? 20% Argyral

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ned Sheldon Curtis	FULL MAIDEN NAME	Amy Belle Rowe
RESIDENCE	1527 W. Nora, Spokane Wash.	RESIDENCE	1527 W Nora, Spokane, Wash.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Vernon, Mich	BIRTHPLACE	Elgin, Illinois
OCCUPATION	Salesman.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. C. Dwyer M.D.
Physician
(Physician or midwife)
Address Coeur d'Alene Ida

Filed 6/14 1922 D D Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 18 1958

MAR 12 19

391-224-028-754

PLACE OF BIRTH

RECEIVED
JUN 8 192
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101440

County of Kootenai
City of Coeur d'Alene
No. 205 Indiana St.
Hospital Reed
Registration District No. 30
Primary Registration District No. 1051
File No.
Registered No. 1003

FULL NAME OF CHILD Frances Carol Crawford
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	March 24, 1922

What bactericidal solution was used in eyes? 20 To Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Walter Elton Crawford	FULL MAIDEN NAME	Clara Amanda Pederson
RESIDENCE	Cor. Davidson St & Government Way	RESIDENCE	Cor. Davidson & Government Way
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Colfax, Wn.	BIRTHPLACE	Ashland, Wis.
OCCUPATION	Express driver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. C. Dwyer M.D.
Physician
(Physician or midwife)
Address Coeur d'Alene, Ida.
Filed 6/4 1923 D. D. Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

538-205-028-395

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101441

County of Kootenai

City of Coeur d'Alene Ida

No. 952 - 6th St.

Registration District No. 30

File No.

Hospital —

Primary Registration District No. 1051

Registered No. 1304

FULL NAME OF CHILD Lorella Pauline Ely

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one		one	yes	May 5 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Howard L. Ely	FULL MAIDEN NAME	Elsie Lindquist
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wardner Idaho	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Holden

Physician (Physician or midwife)

Address Coeur d'Alene Idg.

Filed 6/4 1922 D. D. L. [illegible] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1967

852-210-028-258

PLACE OF BIRTH

RECEIVED JUN 8 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ——— St.

Hospital ———

Registration District No. 30 File No. 101443

Primary Registration District No. 1051 Registered No. 1307

FULL NAME OF CHILD Jean Elizabeth Hibbard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	5 10 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Saml. T. Hibbard	FULL MAIDEN NAME	Laura Swift
RESIDENCE	Hutter	RESIDENCE	Hutter
COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wash.
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drenna
(Physician or ~~midwife~~)

Address C D A.

Filed 6/4 1922 D. D. Drenna
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 13 1965

MAR 26 1943

753-111-028-256

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d' Alene

No. ..... St.

Registration District No. 30 File No. 101445

Hospital ..... Primary Registration District No. 1051 Registered No. 1308

FULL NAME OF CHILD Perry George Peterson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (1922 (Year)
Male			yes	May 11th

What bacteriocidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Perry C. Peterson	FULL MAIDEN NAME Edith E. Keogh
RESIDENCE	Coeur d' Alene, Ida.	RESIDENCE Coeur d'Alene, Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years) 24
BIRTHPLACE	Wisc.	BIRTHPLACE Ireland
OCCUPATION	Laborer	OCCUPATION Housemaid

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer M.D.

Physician
(Physician or midwife)

Address Coeur d' Alene Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 6/4 1922 D. D. Berman Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-211-028-713

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

County of Kootenai

City of Hooley Idaho

District No. 10 File No. 101446

No. ..... St.

Primary Registration District No. 1050 Registered No. 1309

Hospital

FULL NAME OF CHILD Adaline Bozil

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	May (Month) 11th (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Charley Bozil	FULL MAIDEN NAME	Rosie Gates
RESIDENCE	Hooley. Idaho.	RESIDENCE	Hooley. Idaho.
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	23. (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Davenport Wash.	BIRTHPLACE	Lovel Idaho.
OCCUPATION	Farmer.	OCCUPATION	Home Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 9-15 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Hemington M D
Hooley. Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Registrar

Filed 6/4 1922 D D Drum
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

844-212-028-433

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30

File No. 101447

Hospital .....

Primary Registration District No. 1051

Registered No. 1310

FULL NAME OF CHILD Elizabeth May Hudson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	May 12 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Geo. R. Hudson	FULL MAIDEN NAME	Esther M. McCarthy
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Wisc	BIRTHPLACE	Minn
OCCUPATION	Book Keeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer H.
Physician
(Physician or ~~midwife~~)

Address Coeur d'Alene, Ida

Filed 6/4 1922 D. D. Drennan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

743-113-028-789 maiden name of mother
Surname of father & child amended 10-6-83 fc

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Koot.
City of EDA
No. ..... St.
Hospital .....

Registration District No. 30
File No. 101448
Primary Registration District No. 1051
Registered No. 1311

FULL NAME OF CHILD William Gordon ~~Putman~~ PUTNAM
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5 13 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Floyd E. Putman PUTNAM	FULL MAIDEN NAME	Selma M. ~~Gorgeon~~ GIROUX
RESIDENCE	Coeur	RESIDENCE	Coeur d
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Minnesota	BIRTHPLACE	Minn
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at PP M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan
(Physician or midwife)

Address Coeur d Alene

Filed 6/5 1922 D D Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO

RECEIVED JUN 1 1922 BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 1 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Coeur d'Alene

Place of Birth — Street: 115 Wallace

Place of Birth — County: Kootenai

File Number: 101448

Registration Dist. No.:

Sex of Child: Male

Date of Birth: May - 13 192 2

Father: Floyd Eugene Putnam (Full Name)

Mother: Salena Marie Gi... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William Gordon Putnam

Child's Name in Full

F. Putnam

Signature of Father or Mother

Putnam

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage l legitimacy.

It enables the Public Health Nurse to make sure the child has n protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

2-17-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
Rec'd 12 22 PM '83

State of _____ } ss.
County of _____

Certificate No. 101448
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for William Gordon Putman (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 13, 1922 (Date of Event)

in Coeur d'Alene (Kootenai) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs last name	Putman	Putnam
fathers name	Floyed E Putman	Floyd E Putnam
mothers maiden name	Gorwin	~~Giroux~~ GIROUX

Subscribed and sworn to before me this 27th day of September, 1983

Notary Public, Juanita J. Styer

Residing at Sandpoint

My commission expires life

(Seal)

William Gordon Putnam
Signature of Applicant

P.O. Box 133 Sandpoint, Ida 83864
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of Sept, 1983

Notary Public, Juanita J. Styer

Residing at Sandpoint

My commission expires life

(Seal)

Bonnie Putnam
Supporting Signature

718 Dunkony Sandpoint Id.
Street Address, City, State

lcc credit

Public School Diploma issued by the Bonner County, Idaho Schools gives name as William Gordan Putnam of Dist. 24, graduated from high school at Sandpoint Idaho onf May 14, 1937.
Viewed by V.S.

OCT 6 1983

Certificate of Baptism issued by the St. Thomas Church, of Coeur d'Alene, Idaho shows name as William Gordon Putnam child of Floyd Putnam and Selma Giroux, born May 13, 1922, in Coeur d'Alene, Idaho and Baptized May 28, 1922, in the Roman Catholic Church, Rec. H. Schutten.
Viewed by V.S.

Certificate of Marriage issued by the State of Minnesota shows name as Floyd Eugene Putnam and Selma Giroux, parents of William. Parents married Oct.3, 1918.
Viewed by V.S.

766-213-028-386

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 101449

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 30

Primary Registration District No. 1001

Registered No. 1312

FULL NAME OF CHILD Gladys Roxanne Poole

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	1-13-1922

What bacteriacidal solution was used in eyes? Not any

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Theodore Poole	FULL MAIDEN NAME	Rosina Thompsone
RESIDENCE	Ford Idaho	RESIDENCE	Ford Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	62 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	London England
OCCUPATION	Farmer	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Nellie Andreas.

Midwife (Physician or midwife)

Address Ford Ida.

Filed 6/5 1922 L. D. Drennan Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-214-028-619

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St. Registration District No. 30 File No. 101450

Hospital ..... Primary Registration District No. 1051 Registered No. 1313

FULL NAME OF CHILD Patricia Morrow
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	May 14 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Platt P. Morrow	FULL MAIDEN NAME	Bernadette Beatrice Ward
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Wash	BIRTHPLACE	Oreg
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Jr.
Physician
(Physician or midwife)

Address Coeur d'Alene, Ida.

Filed 6/5 1922 D. D. Lyman
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1942

JUL 0 7 1993

849-115-028-669

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUN 8 19
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. 1131 - 7th St.

Registration District No. 30

File No. 101451

Hospital —

Primary Registration District No. 1051

Registered No. 1314

FULL NAME OF CHILD Bernard Joseph Quince
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one		one	yes	May 15 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Allen George Quince	FULL MAIDEN NAME	Ruby Mable Fortin
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Michigan
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Hoeden

Physician
(Physician or midwife)

Address C D A

Filed 6/5 1922 D D Brennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

419-117-028-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

No. ..... St. Registration District No. 30 File No. 101453

Hospital ..... Print Registration District No. 1051 Registered No. 1316

FULL NAME OF CHILD Thomas Wilson Barrow
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 17 1922

What bacterioidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Benjamin F. Barrow	FULL MAIDEN NAME	Mary Smith
RESIDENCE	Coeur d'Alene Ida.	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Wisc	BIRTHPLACE	Wisc.
OCCUPATION	Railroad man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Haynes M.D.
(Physician or midwife)

Address Coeur d'Alene, Ida.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 6/5 1922 A. D. Dresna
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-118-028-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 101454

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registered No. 3 J

Hospital ..... Primary Registration District No. 1051 Registered No. 1319

FULL NAME OF CHILD Charles J. Kilian

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 18 1922

What bacteriacidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chas. J. Kilian	FULL MAIDEN NAME	Jerdena Gray
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	N. Dak.	BIRTHPLACE	Miss.
OCCUPATION	Laborer.	OCCUPATION	Home Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) W. D. Brennan

(Physician or midwife)

Address Coeur d Alene

Filed 6/5 1922 D. D. Brennan Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1941

SEP 7 1955

JAN 3 1952

438-219-028-959

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUN 8 1922
BUREAU OF VITAL STATISTICS

County of Kootenai

City of Post Falls

Registration District No. 30

File No. 101455

No. — St.

Primary Registration District No. 1051

Registered No. 1318

Hospital

FULL NAME OF CHILD Caryl Priscilla McQuown

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Apr 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jas R McQuown	FULL MAIDEN NAME	Lida Reich
RESIDENCE	Post Falls	RESIDENCE	Post Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley

(Physician or [redacted])

Given names added from a supplemental report.

19

Address Post Falls

Registrar.

Filed 6/5 1922 [illegible] Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1962

695-219-028-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... Registration District No. 30 File No. 101456

Hospital ..... Primary Registration District No. 151 Registered No. 1319

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 19 (Year) 1922
Female		yes	

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm H. Fredericks	FULL MAIDEN NAME	Alice Beresford
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Mont.	BIRTHPLACE	Mont
OCCUPATION	Lumber grader	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, died first 24 hrs. premature (Born alive or stillborn) at 5 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Jr.

Physician
(Physician or midwife)

Address Coeur d'Alene, Ida

Filed 6/5 1922 D. D. Drennan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-120-028-145

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1927 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene.

No. ____ St.

Registration District No. 1037 File No. 101457

Hospital ____ Primary Registration District No. 30 Registered No. 132

FULL NAME OF CHILD Martin Jangen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male,	and		Yes.	May 20 1927

What bacteriocidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Signed Jangen.	FULL MAIDEN NAME Maud Ann
RESIDENCE	Coeur d Alene	RESIDENCE Coeur d Alene.
COLOR	White	COLOR White.
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Norway.	BIRTHPLACE Wis
OCCUPATION	Laborer.	OCCUPATION House Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 29 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D.D. Drennan.

(Physician or midwife)

Address Coeur d Alene Ida

Filed 6/3 1927 D.D. Drennan
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1948

962-221-028-853

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. 205 Indiana St. Registrar 30 File No. 101458

Hospital Red Primary Registration District No. 1051 Registered No. 1321

FULL NAME OF CHILD Corena Ordean Robb
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	one	—	yes	May 21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol - 20%

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	Merrill McKinley Robb	FULL MAIDEN NAME	Clara Amelia ~~Robb~~ Helser
RESIDENCE	Coeur D'Alene Idaho	RESIDENCE	Coeur D'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Spirt Lake Iowa	BIRTHPLACE	Aurora Illinois
OCCUPATION	Steam Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address

Filed 6/5 1922 D D Drenny
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1984

699-220-028-255

RECEIVED
JUN 8 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Hooley, Ida R 1.

Registration District No. 30 File No. [redacted]1459

No. ..... St.

Primary Registration District No. 1251 Registered No. 1322

Hospital .....

FULL NAME OF CHILD Eva Pearl Wright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		No	May (Month) 20th (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Harry F. Wright	FULL MAIDEN NAME	Edith Kennedy
RESIDENCE	Hooley, Ida. R. 1.	RESIDENCE	Hooley, Idaho, R. 1.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer.	OCCUPATION	House-Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 9.45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington, M. D.
Hooley, Idaho.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 6/5 1922 D. D. Brennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

696-221-028-419

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

Amended 1/16/76

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ——— St.

Hospital ———

Registration District No. 30

File No. 101461

Primary Registration District No. 1051

Registered No. 1324

FULL NAME OF CHILD Mae Lois Froid
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	May 21 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Edwin Froid	FULL MAIDEN NAME	Hilma Martin
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Lumber pile	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Jr.
Physician
(Physician or midwife)

Address Coeur d'Alene, Ida

Filed 6/5 1922 D. D. Drennan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 14 10 25 AM '76

State of ..... } ss.
County of ..... }

Certificate No. 101461

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for May Froyd (Name on Original Certificate) who was born (Was Born or Died) on May 21, 1922 (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	May Froyd	Mae Lois Froid
father's last name	Froyd	Froid
mother's name	Hilma Martin	Hilma Martinson

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Lonnie J. Huntsch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3520 Hope - Klamath Falls Ore 97601
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Klamath } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of
April, 19 76
Ingrid V. Brown

Notary Public, residing at Klamath Falls, Oregon
My commission expires 11-12-78
(Seal)

Signed Melvin E. Howard
(Signature of Any Credible Person)

6003 Marcus Drive Klamath Falls, Oregon 97601
(Street Address, City, State)

FORM DH 60-155

CL 4/9/76

Church record dated Aug 2, 1923 gives name as Mae Lois born May 21, 1922. father's name given as Edwin Froid and mother's name as Hilma Froid. viewed by V. S.

APR 16 1976

Elementray School Diploma from State of Oregon Dept. of Education gives name as Mae Lois Froid. dated May 29, 1936. viewed by V. S.

443-122-028-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101462

County of Kootenai

City of Coeur d Alene

No. 1302 - 3rd St.

Registration District No. 20 File No.

Hospital

Primary Registration District No. 1051 Registered No. 1325

FULL NAME OF CHILD Eugene David Mullen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one		one	yes	May 22 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	James Mullen	FULL MAIDEN NAME	Vera Harman
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	England	BIRTHPLACE	Virginia
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Cdg. Ida.

Filed 1922 W D Greenway
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1 1976

S33-125-028-263

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

[illegible] OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

REC[illegible] JUN [illegible] 1922 BUREAU OF VITAL STATISTICS

County of Kootenai

City of Post Falls

Registration District No. 38 File No. 101463

No. —

Primary Registration District No. 1051 Registered No. 1326

Hospital —

FULL NAME OF CHILD David Oliver Ellsworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	May 25 1922

FATHER		MOTHER	
FULL NAME	David Ellsworth	FULL MAIDEN NAME	Clara Bollinger
RESIDENCE	Post Falls	RESIDENCE	Post Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House-Keeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Post Falls

Registrar.

Filed [illegible] 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 101463

Registration Dist. No. .....

Date of Birth May 25th 1922

Sex of Child Male

Father David W. Ellsworth (Full Name)

Mother Clara May Bolt (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

David Oliver Ellsworth (Child's Name in Full)

David W. Ellsworth (Signature of Father or Mother)

FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

135-127-028-335

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ——— St.

Hospital

Registration District No. 30

Primary Registration District No. 1051

File No. 101464

Registered No. 1327

FULL NAME OF CHILD John Halbert Alexander
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 27 1922

What bacteriolidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	George Halbert Alexander	FULL MAIDEN NAME	Nora Martha Clevenger
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ida.	BIRTHPLACE	Nebr.
OCCUPATION	Lumber Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 6 **A. M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J. C. Dwyer M.D.
E. Lyncham
(Physician or midwife)

Address Coeur d'Alene, Ida.

Filed 6/5 1922 D. D. Brennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-231-028-962

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls Registration District No. 30 File No. 101465

No. ..... St.

Primary Registration District No. 1051 Registered No. 1328

Hospital .....

FULL NAME OF CHILD Bertha Mae Cardin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 31 1922

FATHER		MOTHER	
FULL NAME	Edward J Cardin	FULL MAIDEN NAME	Martha E. Robinson
RESIDENCE	Post Falls	RESIDENCE	Post Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Nebr.
OCCUPATION	Saw mill Laborer	OCCUPATION	House - Keeper
	Birthplace Tenn		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) F L McCauley

(Physician or Midwife)

Address Post Falls

Filed 6 5 1922 [illegible] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 26 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 19 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City [illegible]; Street ...; County Idaho

File Number 101465

Registration Dist. No. ...

Sex of Child Female

Date of Birth May 31 1922

Father [illegible] Cardin (Full Name)

Mother Martha Robinson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Bertha Mae Cardin (Child's Name in Full)

[illegible] Cardin (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

269-231-028-212

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenay

RECEIVED JUN 6 1922 BUREAU OF VITAL [redacted]

City of [redacted] on District No. 30 File No. 101466

No. ..... St.

Primary Registration District No. 1051 Registered No. 1329

Hospital .....

FULL NAME OF CHILD Marie Arleen Swisher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
fem.		Yes	May 31 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jerry G. Swisher	FULL MAIDEN NAME	Nina J. Bass
RESIDENCE	Hauser - Idaho	RESIDENCE	Hauser - Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kathleen Idaho.

Filed 6/6 1922 D. D. Dawson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

135-110-028-793

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
JUN 8 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of

Registration District No. 30

File No. 101467

No. St.

Primary Registration District No. 1051 Registered No. 1330

Hospital

FULL NAME OF CHILD Allen Richard Alexander

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	May 10 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard D. Alexander	Evelyn M. Pilkington
RESIDENCE	Rathdrum, Ida	Rathdrum Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Wash.	Kans.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6.45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Frank Otey

Physician

(Physician or midwife)

Address Rathdrum Ida.

Filed 6/6 19 22

Registrar

JUN 8 1950

695-214-028-495

RECEIVED
JUN 8 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Koot

City of

Registration District No. 30 File No. 101468

No. St.

Primary Registration District No. 1051 Registered No. 1331

Hospital

FULL NAME OF CHILD Elsie May Winfrey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	May 14. 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Virgil V. Winfrey	Amanda J. Mundols
RESIDENCE	Rathdrum, Ida	Rathdrum, Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	42	26
BIRTHPLACE	Ky	Iowa
OCCUPATION	farmer	home wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Frank Wann

Physician

(Physician or midwife)

Address Rathdrum Idaho

Filed 6/6 19 22 W. W. Greenough

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-217-028-995

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Kootenai

City of

No. St.

Hospital

RECEIVED
JUN 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 101469

Primary Registration District No. 1051 Registered No. 1332

FULL NAME OF CHILD Evelyn Leiske

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	May 17, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Leiske	FULL MAIDEN NAME	Helen Rink
RESIDENCE	Rathdrum, Ida R1.	RESIDENCE	Rathdrum, Ida. R.1.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	N. Dak	BIRTHPLACE	Russia
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Rathdrum, Idaho

Filed 6/6 1922 D D Wiseman
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 13 1953

464-218-028-249

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of

Registration District No. 38

File No. 101470

No. St.

Primary Registration District No. 1051 Registered No. 1333

Hospital

FULL NAME OF CHILD Margaret May Moulton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.				Yes	May 18. 1922

FATHER	MOTHER
FULL NAME Alexander H. Moulton	FULL MAIDEN NAME Edith A. Burroughs
RESIDENCE Bayview, Idaho	RESIDENCE Bayview, Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5.15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Frank Wenz

Physician
(Physician or midwife)

Address Rathdrum, Idaho

Filed 4/6 1922 W. W. Brannan
Registrar

APR 29 1943

294-129-028-243

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 101471

Primary Registration District No. 1051 Registered No. 1334

FULL NAME OF CHILD James Edward Simmet

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
male			Yes	May 29. 22

FATHER		MOTHER	
FULL NAME	Albert Simmet	FULL MAIDEN NAME	Mary C. Buckley
RESIDENCE	Homer, Idaho	RESIDENCE	Homer, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Minn.	BIRTHPLACE	Wash.
OCCUPATION	Sawmillman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Frank Klein

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Filed 6/6 1922 W. H. Freeman

Registrar

569-212-029
345

PLACE OF BIRT[redacted]

Form V. S. No. 11-C—[redacted]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101472

County of Latah

City of Genesee

No. ..... St.

Hospital .....

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Registration District No. 62

Primary Registration District No. 2142

File No. .....

Registered No. 18

FULL NAME OF CHILD Rowena Eleanor Nordby

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	4-12-1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rudolph Nordby	FULL MAIDEN NAME	Mildred Lavoas
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	S. D.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Ehlen

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 4-12 1922 W H Ehlen

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1945

451-215-029-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

No.

Registration District No. 68 File No. 101473

Hospital Home Primary Registration District No. Registered No.

FULL NAME OF CHILD Margarete Arlene Seabolt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4/15/1922

What bactericidal solution was used in eyes? Silver Nitrate 1% sol.

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	Edwin Albert Seabolt	FULL MAIDEN NAME	Anne Becker
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kendrick Idaho	BIRTHPLACE	Independence, Or.
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 12.40 P. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otterson
Physician
(Physician or midwife)

Address Kendrick, Idaho

Filed 5-1 1922 R. F. Peppler
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1943

636-213-029-209

RECEIVED
JUN 2 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 6

Primary Registration District No. 2142

File No. 101474

Registered No. 11

FULL NAME OF CHILD Baby Flower

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	May 13 1922

FATHER	MOTHER
FULL NAME Wm D Flower	FULL MAIDEN NAME Ruby M Surbeck
RESIDENCE Genesee	RESIDENCE Genesee
COLOR W AGE AT LAST BIRTHDAY 24 (Years)	COLOR W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Mont
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11.09 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Ekeen

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 5-14 19 22

W H Ekeen Registrar

...GIN RESERVED FOR BINDING

...AINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

865-2 22-029-816

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

Amended 9-13-74

RECEIVED
JUN 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 6

File No. 101475

No. ..... St.

Primary Registration District No. 742 Registered No. 12

Hospital .....

FULL NAME OF CHILD Elaine Howe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	May 24 1922

FATHER		MOTHER	
FULL NAME	Curt Howe	FULL MAIDEN NAME	Edna Hanson
RESIDENCE	Farmer	RESIDENCE	Farmer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1 00 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 5-22 19 22 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1944

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } SEP 13 10 02 AM '74

Certificate No. 101475

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elaine Hove (Name on Original Certificate) who was born (Was Born or Died) on May 22, 1912 (Date of Event)
in Genesee, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by BAPTISIMAL Record (Bible Record, Insurance Policy, Etc.) prepared on 5/28/22 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	May 22, 1912	May 22, 1922

Subscribed and sworn to before me this 11th day of September, 1974

Notary Public, residing at Moscow

My commission expires 1/7/78

(Seal)

Signed Valma B. Hove, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

756 INDIAN Hills, MOSCOW, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 9/9/74 lcc pd. Check!

Certificate of confirmation certifies that Elaine Claire Belle Hove was born May 22, 1922 at Genesee, Idaho, to Art Hove and Palma Hanson. Confirmed June 13, 1937 Rev. Arthur L. Swendon, Pastor of the Lutheran Church in the Genesee Valley, Idaho.

Certificate of Baptism gives name as Elaine Clairebelle Hove child of Arthur Hove and Palma Hove born at Genesee R.F.D. on May 22, 1922 and Baptized May 28, 1922. B. O. Steffenson, Pastor.
Viewed by V.S.

SEP 1 3 1974

262-222-029-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

County of Latah

City of Potlatch

Registration District No. 65

File No. 101476

No. ..... St.

Primary Registration District No. 2145

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ada Anna Mae Kobierowski.

Sex of Child female | Twin Triplet or other? ~ and Number in order of birth ~ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feb 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tom Kobierowski.	FULL MAIDEN NAME	Virna Dale
RESIDENCE	2 Mi. S. Potlatch	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Minn	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Wolfe M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Palouse Wash

Filed June 3rd 1922 Dr Jos. Thompson

Registrar

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-124-029-866

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

Registration District No. 65

Primary Registration District No. 2145

File No. 101477

Registered No. .....

FULL NAME OF CHILD Gene Raymond McLaw

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Mar 24 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wade McLaw	FULL MAIDEN NAME	Gertrude Howell
RESIDENCE	5 Mi. E. Palouse Wn	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Wolfe M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Palouse Wash

Filed June 3 1922

Dr. Jos. Thompson
Registrar

Registrar

S-Y-CO 38071

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

866-112-028-353

Form V. S. No. 11-C—1.

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch R D

Registration District No. 65

File No. 101478

No. ..... St.

Primary Registration District No. 2145

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dengel Howell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Apr 12 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Howard Howell	Stacy Leiper
RESIDENCE	5 Mi. E. Palouse Wn.	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Kansas.	Ida
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Wolfe M.D.
(Physician or midwife)

Address Palouse Wash

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 3rd 1922. D. Jas. Thompson
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1940

869-213-028-557

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Latah

City of

Registration District No. 65

File No. 101479

No. St.

Primary Registration District No. 2145

Registered No.

Hospital

FULL NAME OF CHILD Peggy May Horine

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	Single			Yes	May 13 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo Glen Horine	FULL MAIDEN NAME	Olga Gertrude Enger
RESIDENCE	6 mi E. of Viola Idaho	RESIDENCE	6 mi E. Viola
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	N Dak
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9-45 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Dartt

MD

(Physician or midwife)

Given names added from a supplemental report.

Address Palouse Wn

19

Filed June 1st 1922

Dr J.W. Thompson

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 101479

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Peggy May Horine (Name on Original Certificate) who born (Was Born or Died) on May 13, 1922 (Date of Event) in East of Palouse, Wash, in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Peggy May Horine

Subscribed and sworn to before me this 20th day of November, 1945

[illegible signature]

Notary Public, residing at Spokane Wn.

My commission expires Oct. 28, 1946
(Seal)

Signed Olga Horine Ball (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7305 E. Fairview Ave, Rte 5 Spokane, Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Benewah }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of March, 1944

[illegible signature]

Notary Public, residing at

My commission expires
(Seal)

Signed Mrs. Mabel Horine
(Signature of Any Credible Person Other Than Previous Year) (aunt)

St Maries Idaho.
(Street Address, City, State)

Send to
Mrs. [illegible] Bergland
Renewal Route
Tekoa, Washington

735-128-029-699

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Harvard District No. 65 File No. 101480

No. ..... St.

Primary Registration District No. 2165 Registered No. .....

Hospital .....

FULL NAME OF CHILD Joseph. Guy. Gleason.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male	—		—	yes.	May 28 22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John. Gleason.	Ida. M. Frick.
RESIDENCE	Harvard.	Harvard.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	51	38.
BIRTHPLACE	Iowa.	Washington
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn) at 5 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jno. Thompson
M D
(Physician or midwife)

Address Potlatch Idaho

Filed June 2 1922 Dr. Jno. Thompson
Registrar

Given names added from a supplemental report. 19

DECEASED

Registrar

c.c. 6/7/41. w.h.

263-229-029-238 name amend 2-24-84 dl

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Potlatch R.D.

Registration District No. 65 File No. 101481

No. ..... St.

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD Eleanor Ruth Boller.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓		✓	Yes.	May 29 1922

FATHER		MOTHER	
FULL NAME	John Boller.	FULL MAIDEN NAME	Henrietta L. Charlsch.
RESIDENCE	Potlatch R.D.	RESIDENCE	Potlatch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho
OCCUPATION	Farmer - nd	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. Jos. Thompson.

M.D.

(Physician or midwife)

Address Potlatch Idaho

Filed June 3rd 1922 Dr. Jos. Thompson Registrar

2-2-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Nez Perce } ss.

Certificate No. 101481
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Elenor Ruth Boller (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 29, 1922 (Date of Event)
in Latah County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Elenor	Eleanor

Subscribed and sworn to before me this 10th day of February, 1984.
Notary Public, Vicki A. Norton
Residing at Lewiston, Idaho
My commission expires 6/15/84
(Seal)

x Eleanor Ruth McMasters
Signature of Applicant
x 530 6th st. Clarkston, Wa 99403
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of February, 1984.
Notary Public, Vicki A. Norton
Residing at Lewiston, Idaho
My commission expires 6/15/84
(Seal)

Rose Elvador "Boller" Skiles
Supporting Signature
Kamiah Ida. 83536 Rt. 1. Box 84
Street Address, City, State

lcc pd

Certificate of Baptism lists Eleanor Ruth Boller child of John Boller and Henrietta Scharback born May 29, 1922 was baptised July 16, 1922. Viewed by V.S.

FEB 24 1984

Agreement as to Status of Community Property lists agreement was made between Russell G McMasters and Eleanor R. McMasters on April 27, 1979. Viewed by V.S.

314-281-029-665

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAY 23 1922

101482

County of Lucas.

City of Princeton

Registration District No. 65 File No.

Name added from aff. of parents June 19, 1922 by Dr.

No. St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Naomi Mary Susan Campbell.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.			yes.	Mar 31 1922

FATHER		MOTHER	
FULL NAME	J. H. Campbell.	FULL MAIDEN NAME	Bertha D. Wandell.
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR	White.	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J.W. Thompson M.D.

(Physician or midwife)

Address Potlatch

Given names added from a supplemental report.

19

Registrar

Filed April 15 1922

Dr J.W. Thompson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, JUN 19 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Princeton

Street: Idaho

County: Latah

File Number: 101482

Registration Dist. No.:

Date of Birth: May 31 192 2

Sex of Child: Female

Father: James Harvey Campbell (Full Name)

Mother: Bertha Dorn Wonderlin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Naomi Mary Susan Campbell (Child's Name in Full)

Mrs. J. H. Campbell (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

565-206-029-395

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 950 Spruce St.

Hospital

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 101483

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Berniece Merle Vonderholm

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female				Yes	May 6 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar N. Vonderholm	FULL MAIDEN NAME	Leona Belle Lindsay
RESIDENCE	Potlatch Ido	RESIDENCE	Potlatch Ido
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Washington
OCCUPATION	Motorman	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 10 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Hein

(Physician or midwife) MD

Given names added from a supplemental report.

19

Address Potlatch Ido

Registrar

Filed May 11th 1922 Dr J. W. Thompson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1 1943

563-208-029-239

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of

Registration District No. 65 File No. 101484

No. St.

Primary Registration District No. 2145 Registered No.

Hospital -

FULL NAME OF CHILD Carol Leora Nolan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	2		2	yes	May (Month) 8th (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Will F Nolan	FULL MAIDEN NAME	Bessie E Strohm
RESIDENCE	Latah Co	RESIDENCE	Latah Co
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebrasca	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Heine MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Potlatch Ido

Filed May 11th 1922 Dr. J.W. Thompson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 19 1944

154-206-029-253

PLACE OF BIRTH

RECEIVED
MAY 31 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101485

County of Latah

City of Troy

No. ____ St.

Registration District No. 64 File No. ____

Hospital ____ Primary Registration District No. 2144 Registered No. ____

FULL NAME OF CHILD Luzile Margaret Anderson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	May 6 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Nalcus N. Anderson	FULL MAIDEN NAME	Leona Cornelia Beckman
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Wilson M. D.

(Physician or midwife)

Address Troy Idaho

Give names added from a supplemental report.

May 30, 1922
Lucy M. Puckerd
Registrar.

Filed May 30 1922 Lucy M. Puckerd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

Boise, Idaho, JUN 10 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Troy Idaho

Street: .....

County: Latah

File Number: 101485

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 6 192 2

Father: Malcus Hygene Anderson (Full Name)

Mother: Leona Cornelia Beckman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lucille Margaret Anderson
Child's Name in Full

Mrs. Malcus H. Anderson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

625-207-029-818

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101486

County of Latah

City of Bovill

Registration District No. 66 File No. 11

No. — St.

Primary Registration District No. 2146 Registered No.

Hospital —

FULL NAME OF CHILD Frances Leslie O'Keefe

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis Gordon O'Keefe	FULL MAIDEN NAME	Georgia Pearl Hays
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Minnesota	BIRTHPLACE	Oregon
OCCUPATION	Logger	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

____ 19__

Address Bovill Idaho

Filed 7/15 1922 Mrs J. C. Gibson Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-101-029-393

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Latah JUN 7 [illegible]

CERTIFICATE OF BIRTH

City of Bovill BUREAU OF VITAL STATISTICS ...ion District No. 66 File No. 8 101487

No. — St.

Primary Registration District No. 2146 Registered No.

Hospital —

FULL NAME OF CHILD Charles William Bentz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 14 1922

FATHER	MOTHER
FULL NAME George C Bentz	FULL MAIDEN NAME Hanah Lillyegren
RESIDENCE Bovill Idaho	RESIDENCE Bovill Idaho
COLOR White AGE AT LAST BIRTHDAY 32 (Years)	COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Idaho
OCCUPATION Logger	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 a M. on the date above stated.

(Signature) J. C. Gibson

Physician

(Physician or midwife)

Address Bovill Idaho

Filed May 10 1922 Mrs J. C. Gibson

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K.

1955

466-115-029-315

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

County of Lincoln

City of Bovill

No. — St.

Registration District No. 66 File No. 12488

Primary Registration District No. 2146 Registered No.

Hospital —

FULL NAME OF CHILD Donner. Wm. Erwin Lee

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 13 1922

FATHER	MOTHER
FULL NAME: Lee H Donner	FULL MAIDEN NAME: Rose Tauger
RESIDENCE: Bovill Idaho	RESIDENCE: Bovill Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Canada
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson
Physician
(Physician or midwife)

Address Bovill Idaho

Given names added from a supplemental report.

19

Registrar

Filed May 20 1922 Mrs F C Gibson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1953

236-109-029-132

Form V. S. No. 11-C--25m-7-21-19

101489

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

Registration District No. 46 File No. 101489

No. ..... St.

Primary Registration District No. 2146 Registered No. .....

Hospital Bovill Hosp.

FULL NAME OF CHILD Max Carlton Stockwell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 9th (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Carlton Massey Stockwell	FULL MAIDEN NAME	Vera Estella Albrecht
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Trainman	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bovill Idaho

Filed May 19 22 Mrs F. C. Gibson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 1 4 1975

APR 1 9 1943

365-101
030-462

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

City of Salmon — Registration District No. 41 — File No. 101490

No. ..... St. — Primary Registration District No. 216 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Longley (Died later)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	5 — 1 — 22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos. H. Longley	Myrtle E. Mogg
RESIDENCE	Salmon, Ida	Salmon, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	24
BIRTHPLACE	Montana	Idaho.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (or stillborn) at 1635 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. D. Ballamy M.D.

(Physician or midwife)

Address Salmon, Ida

Filed 5/10 19 22 Chas. E. Ballamy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-12-4-039-466

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

101491

County of Lemhi

City of Salmon

Registration District No. 41

File No.

No. St.

Primary Registration District No. 2116

Registered No.

Hospital

FULL NAME OF CHILD JOHN DONOVAN CANNON

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	Apr 24 1922

FATHER		MOTHER	
FULL NAME	Wm James Cannon	FULL MAIDEN NAME	Bessie Moore
RESIDENCE	Leadore	RESIDENCE	Leadore
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	~~Farmer~~ Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was female (Born alive or stillborn) at 3:34 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas. F. Hammer

Physician

(Physician or midwife)

Address Salmon Idaho

Filed May 10 1922 Alice E. Bellomy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1943

MAR 30 1943

855-109-031-133

PLACE OF BIRTH

[redacted]

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101493

County of Lewis
City of Nezperce, RFD#1
No. ____ St. ____
Hospital ____
Registration District No. 47
Primary Registration District No. ____
File No. ____
Registered No. 175

FULL NAME OF CHILD Vern Yenglin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	Yes	May 9 1922

What bactericidal solution was used in eyes? Argno3

Number of child of this mother, including present birth 3 — Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME William Henry Yenglin	FULL MAIDEN NAME Nellie Belle Allpress
RESIDENCE Nezperce, RFD#1	RESIDENCE Nezperce, RFD#1
COLOR white — AGE AT LAST BIRTHDAY 45 (Years)	COLOR white — AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Madison Co., Iowa	BIRTHPLACE Vernon Co., Mo.
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....
Registrar.

(Signature) R. E. Duncan M.D.
(Physician or midwife)
Address Craigmont, Idaho.

Filed 5-17 1922 Albert Huff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of South Dakota } ss.
County of Gregory }

Certificate No. 101493
Date Filed
Birth
(Birth or death)

The undersigned does solemnly swear that certain facts on the certificate of _____ for _____ who Born on May 9th 1922
(Name on original certificate) (Was born or died) (Date of event)
in Nezperce . Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by parents prepared on _____, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	William Lavern Yenglin	Vern Yenglin

Subscribed and sworn to before me this 30
day of October, 19 41

Notary Public, residing at Gregory. S.D.
My commission expires 201042
[SEAL]

Signed William Henry Yenglin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Father)

Gregory South Dakota
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of South Dakota } ss.
County of Gregory }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30
day of October, 19 41

Notary Public, residing at Gregory S.D.
My commission expires 2-1-42
[SEAL]

Signed S. H. Christianson
(Signature of any credible person other than the previous affiant.)

Dallas South Dakota
(Street Address, City, State)

Received for filing on _____ By _____

294-129-037-418

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont, RFD,

No. ..... St.

Registration District No. 50 File No. 101494

Hospital ..... Primary Registration District No. 2129 Registered No. 13

FULL NAME OF CHILD Doyle Maynard Simmons
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	April 29 1922

What bactericidal solution was used in eyes? Argno3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Isaac Allen Simmons	FULL MAIDEN NAME Violet Maude Maynard
RESIDENCE Craigmont, RFD.	RESIDENCE Craigmont, RFD.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Genessee, Idaho.	BIRTHPLACE Colton, Wash.
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P E Durlap M D
(Physician or midwife)

Address Craigmont, Idaho.

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed 5/1 1922 P E Durlap
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 101494
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Doyle Maynard Simmons (Birth or death)
for Doyle Maynard Simmons (Name on original certificate) who was born (Was born or died) on April 29, 1922 (Date of event)
in Craigmont, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Simmons	Doyle Maynard Simmons

Subscribed and sworn to before me this 10th day of November, 19 41

Notary Public, residing at Lapwai, Idaho

My commission expires Jan. 11, 1943
[SEAL]

Signed Violet Simmons
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lapwai, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of November, 19 41

Notary Public, residing at Lapwai, Idaho

My commission expires Jan. 11, 1943.
[SEAL]

Signed Allen Simmons
(Signature of any credible person other than the previous affiant.)

Lapwai, Idaho.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

386-109-031-466

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Registration District No. 30 File No. 101495

Primary Registration District No. 2129 Registered No. 14

FULL NAME OF CHILD Ross Thomason
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	—	Yes	April 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Carrol D. Thomason	FULL MAIDEN NAME	Aileen Marie Dowd
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin
Physician
(Physician or midwife)

Address Winchester Ida

Filed 5/4 1922 R. E. Dweck
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-202-031-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101496

County of Lewis

City of Craigmont, RFD

No. ..... St.

Hospital .....

Registration District No. 50 File No. .....

Primary Registration District No. 2129 Registered No. 15

FULL NAME OF CHILD Dorothy Ella Curtis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—		—	Yes	May 2 1922.

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chester Lincoln Curtis	FULL MAIDEN NAME	Carrie Mae Harris
RESIDENCE	Craigmont, Idaho.	RESIDENCE	Craigmont, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	61	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Buchanan Co., Iowa,	BIRTHPLACE	Michigan,
OCCUPATION	Section an R. R.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12.12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop MD.

(Physician or midwife)

Address Craigmont, Idaho.

Filed 5/8 1922. R. E. Dunlop
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 31 1943

469-126-031-713

PLACE OF BIRTH

RECEIVED JUN 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont, RFD. No. St.

Hospital

Registration District No. 50 File No. 101497

Primary Registration District No. 2129 Registered No. 16

FULL NAME OF CHILD Francis Clinton Morris
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	May 26 1922

What bactericidal solution was used in eyes? Argno3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Arch A. Morris	FULL MAIDEN NAME Hattie E. Patton,
RESIDENCE Craigmont, RFD.	RESIDENCE craigmont, RFD.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 28 (Years) (28)
BIRTHPLACE Mo.	BIRTHPLACE Idaho.
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) P C Dunlop MD.
(Physician or midwife)

Address Craigmont, Idaho.

Filed 5/31 1922. P C Dunlop
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 29 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 19 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Craigmont Idaho

Street: .....

County: Lewis

File Number: 101497

Registration Dist. No. .....

Date of Birth: May 26 .....192[illegible].

Sex of Child: Male

Father: Arch Aaron Morris. (Full Name)

Mother: Hattie Potter. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Francis Clinton Morris (Child's Name in Full)

Arch A. Morris (Signature of Father or Mother)

DEC 30 1941 DEC 31 1941

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

331-128-031-915

PLACE OF BIRTH

RECEIVED JUN 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101498

County of Lewis

City of Craigmont, RFD.

No. ..... St.

Registration District No. 50

File No. .....

Hospital .....

Primary Registration District No. 2129

Registered No. 17

FULL NAME OF CHILD Robert Emmett McClarin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	Yes	May 28 1922

What bactericidal solution was used in eyes? Argno3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Emmett Weaver McClarin	FULL MAIDEN NAME Geneva Mae Randall
RESIDENCE Craigmont, RFD.	RESIDENCE Craigmont, RFD.
COLOR white	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Denver, Colo.	BIRTHPLACE Ashville, N. C.
OCCUPATION Manager Warehouse Grain	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4.30 P. M. on the date above stated.

(Signature) P E Dunlap M D

(Physician or midwife)

Address Craigmont, Idaho

Filed 5/31 1922 P E Dunlap
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1942

OCT 31 1958

355-105-031-355
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101499

County of Lewis
City of Craigmont
No. ..... Registration District No. 50 File No. .....
Hospital ..... Primary Registration District No. 2129 Registered No. 18

FULL NAME OF CHILD Maynard Willam Lenz
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 5 1922

What bactericidal solution was used in eyes? Argno3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Elmer R Lenz	FULL MAIDEN NAME Carrie Gertrude Lenz
RESIDENCE Craigmont, Idaho.	RESIDENCE Craigmont, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE Rock Island, ILL.	BIRTHPLACE Lone Tree Iowa.
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11.35 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Dunlap M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Filed 5/31 1922. P. E. Dunlap
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Podalic version - occiput posterior
& Bandyl Ring.

AUG 26 1968

1509

366-227-033-847

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
[redacted]ENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101500

County of Madison

City of Hibbard

No. ..... St. ..... Registration District No. 100 File No. .....

Hospital ..... Primary Registration District No. 2178 Registered No. 155

FULL NAME OF CHILD Jessie Naomi Long
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	5-22-1922

What bactericidal solution was used in eyes? 2% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Royal Long	FULL MAIDEN NAME	Maggie May Huggins
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Louis F Rich M D
(Physician or midwife)

Address Rexburg Idaho.

Filed 6/2 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street:

County: Madison

File Number: 101500

Registration Dist. No.:

Sex of Child: Female

Date of Birth: May 27 1922

Father: Johnn Royal Long (Full Name)

Mother: Maggie Mae Dell Hugg (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Venice Naomi Long
Child's Name in Full

John R Long
Signature of Father or Mother

JAN 2 9 19

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH
433-125-033-448

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

DE[redacted]
BUREAU OF VITAL STATISTICS

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 101501

Primary Registration District No. 217 Registered No. 154

FULL NAME OF CHILD Mayo McCulloch
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5-25-8 1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Alexander McCulloch	FULL MAIDEN NAME	Ethel Mayo
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7-P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 6/2 1922 J Ryan Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

APR 28 1953

AUG 18 1958

1507

915-225-055-619

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Madison

City of Sugar

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 100 File No. 101502

Hospital ..... Primary Registration District No. 2178 Registered No. 153

FULL NAME OF CHILD Gwendolyn Dalling
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5-25-1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Thomas Edward Dalling	FULL MAIDEN NAME	Anna Wardell
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:00 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich, MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Rexburg Idaho

Filed 6/2 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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REASONS WHY A CERTIFI
... AND THE SAME C

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar City

Street: —

County: Madison

File Number: 101502

Registration Dist. No.:

Date of Birth: May 25th 192..

Sex of Child: Female

Father: Thomas Edward Dalling (Full Name)

Mother: Anna [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gwendolyn Dalling
Child's Name in Full

Thos E Dalling
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1506

753-224-033-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Registration District No. 100

File No. 101503

Hospital .....

Primary Registration District No. 2178

Registered No. 152

FULL NAME OF CHILD ALICE LaRUE PETERSEN
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5-24-1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	DeWain Petersen	FULL MAIDEN NAME	Lilly M Smith
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Give names added from a supplemental report.

Address Rexburg Idaho

..... 19....

Filed 6/2 1922 J. Ryoning
Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 5 Certificate No. 101503

County of Madison } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Alice LaRue Petersen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 24, 1922 (DATE OF EVENT)

in Salem, Madison County (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 24, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Alice La Rue Petersen
name of Father	De Wain Peterson	De Wain Petersen

Subscribed and sworn to before me this 2nd. day of February, 1942

[signature]

Notary Public, residing at Rexburg, Idaho

My commission expires Sept. 5, 1942

(SEAL)

Signed [signature]

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

259 West 2nd. North, Rexburg, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd. day of February, 1942

[signature]

Notary Public, residing at Rexburg, Idaho

My commission expires Sept. 5, 1942

(SEAL)

Signed [signature]

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rexburg, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 5 1942 By

(REGISTRAR'S SIGNATURE)

7 1942

JUN 9 1943

1504

599-219-033-81S

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. 47-N-3rd West St.
Hospital

Registration District No. 100
Primary Registration District No. 21 & 8

File No. 101504
Registered No. 151

FULL NAME OF CHILD Dorothy Lucille Virgin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5 - 19 - 1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Levi Sidney Virgin	FULL MAIDEN NAME	Bergetta Hanson
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 40 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 6 7 1922 J. Rigoni Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 101504

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	no Name	Dorothy Lucille Virgin

Subscribed and sworn to before me this 4th day of January, 1944

Notary Public, residing at Nampa, Idaho

My commission expires Aug. 5-1944
(Seal)

Signed Bergetta Virgin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

..... (Street Address, City, State)

APR 19 1974

MAY 5

1503

814-218-033-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St. ..... Registration District No. 100 File No. 101505

Hospital ..... Primary Registration District No. 21 Registered No. 150

FULL NAME OF CHILD Ellen Hamilton
(Certificate of no ~~value without~~ full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5 – 18 – 1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Charles Orson Hamilton	FULL MAIDEN NAME	Pearl Anderson
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Stock Grower	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 40 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho,

Filed 6/2 1924 J Rymry Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATISTICS

Boise, Idaho, JUN 19 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar

Street:

County: Madison

File Number: 101505

Registration Dist. No.:

Date of Birth: May 18 192 2

Sex of Child: Female

Father: Chas. Orson Hamilton (Full Name)

Mother: Pearl Anderson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ellen Hamilton
Child's Name in Full

Chas O Hamilton
Signature of Father or Mother

JUL 16 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Moody

294-117-033-293 No. St.

Registration District No. 100 File No. 101506

Hospital Primary Registration District No. 0178 Registered No. 149

FULL NAME OF CHILD [redacted]

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	5-17-1922

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert E. Simmons	Edith Maud Silvester
RESIDENCE	Moody	Moody
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Missouri	Idaho
OCCUPATION	Farmer	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. 5-20 P M.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis F Rich MD,

(Physician or midwife)

Address Rexburg Idaho

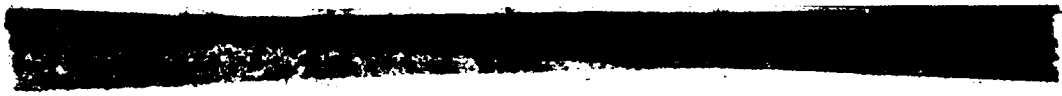
Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 6/2 1922 [redacted]

Registrar.



1501.

SSI-116-033-119

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. 323-E-1st North St.

Registration District No. 100 File No. 101507

Hospital

Primary Registration District No. 2178 Registered No. 148

FULL NAME OF CHILD Phillip Parker Evans
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5-16-1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jesse Partington Evans	FULL MAIDEN NAME	Sylvia Mae Parker
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Teller - Bank	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho.

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 6/2 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg,

Street: 323 East 2nd North,

County: Madison

File Number: 101507

Registration Dist. No.:

Sex of Child: Male

Date of Birth: May 16th 192 2.

Father: Jesse Partington Evans
Full Name

Mother: Sylvia Mae Parker
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Phillip Parker Evans.
Child's Name in Full

Jesse P. Evans
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1500

612-113-033-296

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101508

County of Madison

City of Plano

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 218

Registered No. 14

FULL NAME OF CHILD LORIN ROY OAKEY
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5-13-1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	George Lewis Oakey	FULL MAIDEN NAME	Mary Josephine Brown
RESIDENCE	Plano	RESIDENCE	Plano
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed 4/2 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 101508

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lorin Roy Oakey (Name on Original Certificate) who born (Was Born or Died) on May 13, 1922, (Date of Event)
in Plano Madison Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lorin Roy Oakey

Subscribed and sworn to before me this 8th day of June, 19 42.

Notary Public, residing at Rexburg, Idaho.

My commission expires Dec. 11, 1944.
(Seal)

Signed George Oakey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Father.

R.F.D.No.3, Rexburg, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed Eliza Weatherston
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 17 1942

AUG 19 1942

OCT 6 1947

1499 799-211-033-144

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CHILD'S NAME AMENDED 06-14-04

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

County of Madison NS

City of Sugar

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 100 File No. 101509

Hospital ..... Primary Registration District No. 418 Registered No. 146

FULL NAME OF CHILD LORETTA ~~Loretta~~ Price
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5-11-1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Wilford James Price	FULL MAIDEN NAME	Ivy J Judy
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White AGE AT LAST BIRTHDAY 39 (Years)	COLOR	White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Give names added from a supplemental report.

Address Rexburg Idaho.

....., 19....

Filed 6/2 192.. J Pyoma
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
AUG
BUREAU OF STATISTICS

DEPARTMENT OF PUBLIC WE...

JUN 19 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar City

Place of Birth — Street: .....

Place of Birth — County: Madison

File Number: 101509

Registration Dist. No.: .....

Sex of Child: Female

Date of Birth: May 4 192 2

Father: Millard J. Price (Full Name)

Mother: Iris Judy Price (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Luretta Price
Child's Name in Full

Iris Price
Signature of Father or Mother

JAN 5 1961

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____

Certificate No. 22-101509
Date Filed June 5, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth, Death, Marriage, etc.)
for **Luretta Price** who **was born** on **May 11, 1922**
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in **Sugar City (Madison Co.)** are erroneous or were omitted.
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
Child's first name	Luretta	Loretta

Subscribed and sworn to before me this 11 day of June, 2004

Notary Public, Robin Street

Residing at Am Fork

My commission expires 10-23-07
(Seal)

Signature of Applicant
Loretta Price Johnson

~~308 S~~ 1179 E 1350 N Am Fork Ut 84003
Street Address, City, State and Zip

NOTARY PUBLIC
ROBIN STREET
1053 N TIMPVIEW DR
AMERICAN FORK, UT 84003
My Commission Expires OCT. 23, 2007
State of Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

Signature of Applicant
Loretta Price Johnson

Street Address, City, State and Zip

06-07-04

ID BIRTH CERTIFICATE #47-441882 FIR KRIS STEVEN JOHNSON BORN AUGUST 5, 1947 IN REXBURG (MADISON CO.) SHOWING MOTHER'S NAME AS LORETTA PRICE.

UT MARRIAGE CERTIFICATE DATED OCTOBER 28, 1943 SHOWING LEE HANSEN JOHNSON AND LORETTA PRICE WERE MARRIED IN SALT LAKE CITY, UT. VIEWED BY VS

1498 619-110-030-469

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 101510

Primary Registration District No. 2 Registered No. 145

FULL NAME OF CHILD Robert Morrison Warner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3-10-1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harold Monroe Warner	FULL MAIDEN NAME	Mary Fern Morrison
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk-Farm Implements	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich.
MD
(Physician or midwife)

Address Rexburg Idaho.

Filed 6/2 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1497

449-106-033-599

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 101511

Primary Registration District No. 2178 Registered No. 144

FULL NAME OF CHILD Hazen Muir

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	5-6-1922

What bactericidal solution was used in eyes? 2% Nitrate silver

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Walter B. Muir	FULL MAIDEN NAME	Mary A Virgin
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:55 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Lorin A. Rich, M.D.

(Physician or midwife)

Address Rexburg Idaho.

Filed June 6 1922 J. Bywater Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL RE[illegible] WITH A CERTIFICATE O[illegible]
[illegible]LED FOR EACH CHILD AND THE SAME COMPLETED

The name of your baby was not filled in on the birth certifica[illegible] vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Rexburg
- Street: R. F. D. Hoz
- County: Madison

File Number: 101511

Registration Dist. No.:

Sex of Child: Male

Date of Birth: May 6 1922

Father: G. B. Weir
Full Name

Mother: Mary A. Virgin
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Hazen
Child's Name in Full

G. B. Weir
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1496

351-206-033-469 Child's name added 5-22-89 MCM

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101512

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 478

File No. .....

Registered No. 143

FULL NAME OF CHILD EVVA LEAVITT

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	5-6-192?

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Israel Vernon Leavitt	FULL MAIDEN NAME	Mary Suez Morris
RESIDENCE	Hibbard	RESIDENCE	Hebbard
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) Lorin F. Rich MD

(Physician or midwife)

Address Rexburg Idaho.

Filed 6/5 192? J. Wyoming Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-2-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

RECEIVED
MAY 15 1989
VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 101512
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Baby Girl Leavitt (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 6, 1922 (Date of Event)
in Hibbard (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl Leavitt	Evva Leavitt

Subscribed and sworn to before me this 12th day of May, 1989.

X _____
Notary Public,
Residing at Grantsville, Utah
My commission expires 3-31-91
(Seal)

X Evva Leavitt Amie
Signature of Applicant
X 829 Stansbury Ave
Street Address, City, State
Tooele, Utah 84074

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS certificate of birth shows Evva Leavitt born May 6, 1922 in Hibbard, ID to Israel Leavitt & Inez Morris and entered on record Aug 2, 1931. Viewed by VS.

MAY 2 2 1980

Record from Madison High School, Rexburg, Idaho gives name as Evva Leavitt dated May 24, 1940. viewed by VS

1495

819-204-033-312

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101513

County of Madison

City of Sugar

No. ..... St.

Registration District No. 100 File No. .....

Hospital ..... Primary Registration District No. 217 Registered No. 142

FULL NAME OF CHILD Ruth Harris
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	3-4-192 2

What bactericidal solution was used in eyes? 2% Mercurochrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robert Alvin Harris	FULL MAIDEN NAME	Anna V. Caspar
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich. M.D.
(Physician or midwife)

Address Rexburg Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 6/x 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar City

Street: .....

County: Madison County

File Number: 101513

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 4, 1922

Father: Robert Alvin Harris (Full Name)

Mother: Annie Elizabeth Casper (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ruth Harris
Child's Name in Full

Robert A. Harris Annie Harris
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1494

643-204-033-766

Name added 10-31-86 lh

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100 File No. 101514

Primary Registration District No. 2178 Registered No. 141

FULL NAME OF CHILD Donna Marie Fullmer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	5 - 4 - 1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Horace Edward Fullmer	FULL MAIDEN NAME	Mary Magdalena Pfost
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	School teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:00 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

MD
(Physician or midwife)

Address Rexburg Idaho.

Filed 6/2 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1·5 1967

RECEIVED
BUREAU OF
VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH AND WELFARE 9-23-86
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

OCT 9 11 30 AM '86

State of _____ } ss.
County of _____ }

Certificate No. 101514
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed female (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 4, 1922 (Date of Event)
in Hibbard, Madison Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	Donna Marie Fullmer

Subscribed and sworn to before me this 3rd day of October, 1986.
Notary Public Kathi Brush
Residing at Idaho Falls, Idaho
My commission expires August, 1988
(Seal)

Donna Fullmer Shinsterling
Donna Shinsterling
Signature of Applicant
P.O Box 552
Street Address, City, State
Jackson Wy. 83001

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

(Must be completed __)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of October, 1986.
Notary Public Kathi Brush
Residing at Idaho Falls, Idaho
My commission expires August, 1988
(Seal)

Florence P. Birch
Supporting Signature
850 Lincoln, Idaho Falls Id.
Street Address, City, State

OCT 31 1986

Certificate of Baptism from LDS Church gives name as Donna Marie Fullmer daughter of Horace Fullmer and Mary Magdalena Pfost, born May 4, 1922 at Rexburg, ID. Baptized July 21, 1931.
Viewed by V.S.

Certificate of Blessing from LDS Church gives name as Donna Marie Fullmer daughter of Horace E. and ~~Marie~~ Mary Magdalena (Pfost), born May 4, 1922 at Hibbard, ID. Blessed June 4, 1922.
Viewed by V.S.

1493.

385-203-033-156

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Archer

No. ..... St.

Hospital .....

Registration District No. 100 File No. 101515

Primary Registration District No. 178 Registered No. 140

FULL NAME OF CHILD La Rae Cheney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5 - 3 - 1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wayne La Salle Cheney	FULL MAIDEN NAME	Roxey Lula Jeffson
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-50 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho.

Filed 6/2 1922 J. H. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUL 19 192
BUREAU

JUN 19 1922

Boise, Idaho,.....192...

Dear Madam;

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ...Archer..... File Number .....101515.....

Street .....

Registration Dist. No. .....

County .....Madison.....

Date of Birth ..May 3.....1922

Sex of Child.....Female.....

Father Wayne La Salle Cheney Mother Roxey L. Jeppson Ch...

Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....Le Rae Cheney.....

Child's Name in Full

.....R. Lucile J. Cheney.....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHO
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE I

- - - - - - - - - - -

Birth registration is part of every child's birthr

It establishes legally the date of the child's bir
and legitimacy.

It enables the Public Health Nurse to make sure
been protected from danger of blindness and other infecti

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - -

1. The correct age for purposes of school attenda
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service
pelled to furnish certified copies of certificates of birt
portant that the certificates be filed with the BUREAU OF
TICS and the same completed by furnishing the name of the

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CH

1492

235-103-033-855

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101516

County of Madison

City of Rexburg

No. 52-S-1st West St. Registration District No. 100 File No.

Hospital Primary Registration District No. 474 Registered No. 739

FULL NAME OF CHILD Gale Wayne Stephenson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5 - 3 - 1922

What bactericidal solution was used in eyes? 2% Mercury Chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Benjamin Franklin Stephenson	FULL MAIDEN NAME	Anna Emily Heinz
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Germany
OCCUPATION	Laundry Man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 6/2 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JAN 19 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: .....

County: Madison

File Number: 101516

Registration Dist. No. .....

Date of Birth: May 3 1922

Sex of Child: Male

Father: Benj. Franklin Stephenson (Full Name)

Mother: Anna Reine Stephenson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gail Wayne Stephenson (Child's Name in Full)

Mrs. B. F. Stephenson (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1490

236-129-033-599

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 101517

County of Madison

City of Sugar

No. ..... St.

Registration District No. 100

Hospital .....

Primary Registration District No. 178

Registered No. 138

FULL NAME OF CHILD Gordon V. Stone

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4-29-1922

What bactericidal solution was used in eyes? 2% Mercuric Chrom

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER

FULL NAME James Calvin Stone

RESIDENCE Sugar City

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Utah

OCCUPATION Building Contractor

MOTHER

FULL MAIDEN NAME Cecily Lorinda Virgin

RESIDENCE Sugar City

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich, MD

(Physician or midwife)

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 6/2 1922 W. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

TA [illegible]

[illegible]

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPT. OF WELFARE

JUN 10 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar

Place of Birth — Street: .....

Place of Birth — County: Madison

File Number: 101517

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: April 29th 192...

Father: James Lavern Stone (Full Name)

Mother: Cecily Lorinda Wing (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gordon A. Stone
Child's Name in Full

Mrs J. L. Stone
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, par and legitimacy.

It enables the Public Health Nurse to make sure the chi been protected from danger of blindness and other infections at

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men a pelled to furnish certified copies of certificates of birth, it portant that the certificates be filed with the BUREAU OF VITAL TICS and the same completed by furnishing the name of the child

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

JUL 10 1961

1489

231-228-033-235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Plano

No. ..... St.

Registration District No. 100

File No. 101518

Hospital .....

Primary Registration District No. 278

Registered No. 137

FULL NAME OF CHILD DORA BLASER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	4-28-1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Robert Blaser Jr	FULL MAIDEN NAME	Mary Steele
RESIDENCE	Plano	RESIDENCE	Plano
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
M.D.
(Physician or midwife)

Address Rexburg Idaho.

Filed 6/2 1922 J. Ryan
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1953

Disp of 1922 - 39488 2

1488

451-127-[illegible]-748

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 101519

Primary Registration District No. 71-5 Registered No. 136

FULL NAME OF CHILD William Parkin Dean

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	4-27-1922

What bactericidal solution was used in eyes? 2% Mercuric Chrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Joseph Henry Dean	FULL MAIDEN NAME	Grace Parkin
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Druggist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:00 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich M.D.

(Physician or midwife)

Address Teton Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 5/2 1922 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE
[illegible] COMPLETE [illegible]

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ...Sugar.....

Street .....

County .....Madison.....

File Number .....101519.....

Registration Dist. No. .....

Sex of Child.....Male.....

Date of Birth .....April 27.....192.2..

Father ...Joseph..Henry..Dean..... (Full Name)

Mother ..Grace..Parkin.....Dean..... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

.....William..Parkin..Dean..... (Child's Name in Full)

.....Joseph H. Dean..... (Signature of Father or Mother)

- - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1487

235-224-033-551

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Registration District No. 100 File No. 101520

Hospital .....

Primary Registration District No. 2178 Registered No. 131

FULL NAME OF CHILD Alice Rae Stewart
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	4-24-1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Bert Stewart	FULL MAIDEN NAME	Bessie Evans
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich

M.D.
(Physician or midwife)

Address Rexburg Idaho

Filed 6/2 1922 J. Rigmond
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT

JUL 13 1922

BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar

Street: .....

County: Madison

File Number: 101520

Registration Dist. No.: 4

Date of Birth: April 24 192

Sex of Child: Female

Father: Bert Stewart (Full Name)

Mother: Bessie Evans (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alice Rae Stewart

Child's Name in Full

Bert Stewart

Signature of Father or Mother

) FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

MAR 12 1953

Birth registration is part of every child's birthright.
It establishes legally the date of the child's birth, parentage itimacy.

It enables the Public Health Nurse to make sure the child has otected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com- to furnish certified copies of certificates of birth, it is im- that the certificates be filed with the BUREAU OF VITAL STATIS- the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1486

S44-223-033-413

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 101521

Primary Registration District No. 278 Registered No. 134

FULL NAME OF CHILD Velma Eddington
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	4 - 23 - 1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Henry William Eddington	FULL MAIDEN NAME	Ann Dalling
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Automobile Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho.

Filed 6/2 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF UTAH

RECEIVED JUN 27 1922 BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

JUN 1 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar City

Street: .....

County: Madison

File Number: 101521

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: April 23 192 2

Father: Henry Wm Eddington (Full Name)

Mother: Ann Dalling (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Velma Eddington
Child's Name in Full

Henry Wm Eddington
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1485

433-123-033-355

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100 File No. 101522

Primary Registration District No. 2178 Registered No. 133

FULL NAME OF CHILD Wallace Fowlger McCulloch
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	4-23-1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	George William McCulloch	FULL MAIDEN NAME	Elizabeth Fannie Lee
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:50 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Rexburg Ida.

Filed 6/2 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVERAL REASONS WHY A [illegible]

DECEASED

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Roaburg R. #3 Via

Street: Hibbard Ward.

County: [illegible] Co, Ida.

File Number: 101522

Registration Dist. No.:

Date of Birth: April 23rd 1922.

Sex of Child: Male

Father: [illegible] (Full Name)

Mother: [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

[illegible] (Child's Name in Full)

[illegible] (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1484

559-223-033-314

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Thornton

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

No. ..... Registration District No. 100 File No. 101523

Hospital ..... Primary Registration District No. 217 Registered No. 132

FULL NAME OF CHILD Selma Neiwirth
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	4-23-1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alexander Neiwirth	FULL MAIDEN NAME	Amelia Laublain
RESIDENCE	Thornton	RESIDENCE	Thornton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Larin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho.

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 6-2 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 101523

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Selma Neiwirth

Subscribed and sworn to before me this 28
day of October, 1943
Lee Stegwell
Notary Public, residing at Rexburg Ida.
My commission expires Sept 5-1946
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mrs. Neiwirth
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of Oct, 1943
Lee Stegwell
Notary Public, residing at Rexburg
My commission expires Sept 5-1946
(Seal)

Signed Amelia Neiwirth
(Signature of Any Credible Person Other Than Previous Year)
Rexburg Idaho
(Street Address, City, State)

NOV 1 1943

NOV 2 1948

JUN 2 4 1974

1483

599-222-033-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Salem
No. ..... St.
Hospital .....

Registration District No. 100
Primary Registration District No. 2175

File No. 101524
Registered No. 131

FULL NAME OF CHILD CARMA LEORA VIRGIN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4-22-1922

What bactericidal solution was used in eyes? 2% Mercurochrome

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	Charles Virgin	FULL MAIDEN NAME Elenor Windley
RESIDENCE	Salem	Salem
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	40
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.53 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Lorin F. Rich. M.D.
(Physician or midwife)
Address Reeburg Idaho.

Filed 6-2 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Madison }

Certificate No. 101524

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Carma Leora Virgin (Name on Original Certificate) who born (Was Born or Died) on April 22, 1922 (Date of Event)
in Sailer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on April 22, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Carma Leora Virgin

Subscribed and sworn to before me this 21st
day of July, 19 42

Notary Public, residing at Lexburg, Idaho

My commission expires 1/24/46
(Seal)

Signed Eleanor W Virgin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 22 1942

JUL 2 3 1942

1482

962-122-033-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Sugar
No. ..... St.
Hospital .....

Registration District No. 100 File No. 101525
Primary Registration District No. 2178 Registered No. 130

FULL NAME OF CHILD Joseph Doyle Roberts
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	4-22-1922

What bactericidal solution was used in eyes? 2% Mercurochrome

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Horace Ensign Roberts	FULL MAIDEN NAME	Martha Louise Jensen
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich. MD
(Physician or midwife)
Address Rexburg Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 6/12 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] ETA.

[illegible]EASONS WHY A CER[illegible]

[illegible]H CHILD AND THE SAME

[illegible]

[illegible]th registr[illegible]

DEC 2 1942

BUREAU OF VITAL STATISTICS.

Place of Birth
City ..... Sugar City
Street .....
County ..... Madison

File Number ..... 101525 .....

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth 4 22 1922

Father ..... Howard C. Roberts .....
Full Name

Mother ..... Martha Louise Roberts .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Joseph Lyle Roberts .....
Child's Name in Full

..... Howard C. Roberts .....
Signature of Father or Mother

15

and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

236-127-033-813

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

County of Madison
City of Rexburg
No. ..... St. Registration District No. 100 File No. 101526
Hospital ..... Primary Registration District No. 2178 Registered No. 129

FULL NAME OF CHILD DAN HEATON STODDARD
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	—	Yes	May 27 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	D. S. Stoddard	FULL MAIDEN NAME	Jane Eaton
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wellsville Utah	BIRTHPLACE	Mexico
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Hutchinson
Physician
(Physician or midwife)

Address Rexburg Idaho

Filed 6/2 1922 J. Reyning
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont }

OCT 21 1942

Certificate No. 101526

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Dan Heaton Stoddard (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on May 27, 1922 (DATE OF EVENT)
in Rexburg Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on October 16, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dan Heaton Stoddard

Subscribed and sworn to before me this 16 day of October, 1942.

Signed Mrs. Daniel S. Stoddard
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Island Park
Notary Public for the State of Idaho
My commission expires
Residence, Island Park, Idaho,
(SEAL)

Rexburg Idaho
(STREET ADDRESS, CITY, STATE)

My Commission Expires

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

State of Idaho } ss.
County of Madison }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of Oct, 1942.

Signed Mrs. Daniel S. Stoddard
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Rexburg Ida

Rexburg Idaho
(STREET ADDRESS, CITY, STATE)

My commission expires Mar. 27, 1943
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

OCT 2 2 1942

459-22-03-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. ..... St.
Registration District No. 100
File No. 101527
Hospital
Primary Registration District No. 217
Registered No. 128

FULL NAME OF CHILD Gwen Merrill
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and	One	yes	May 22 192 2

What bactericidal solution was used in eyes? argyol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	L. S. Merrill	FULL MAIDEN NAME	Marie Miller
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Smithfield Utah	BIRTHPLACE	Preston Ida.
OCCUPATION	Dentist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 a M. on the date above stated.
(Born alive or stillborn)

(Signature) G G Parkinson
Physician
(Physician or midwife)

Address Rexburg Ida.

Filed 6 1922 [illegible]
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
AUG 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 19 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: 1 E. 2nd N.

County: Madison

File Number: 101527

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 27 192 2

Father: Leslie Winston Maxwell (Full Name)

Mother: Marie Miller Maxwell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gowan Maxwell
Child's Name in Full

Mrs. L. C. Maxwell
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-104-033-793

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 100 File No. 101528

Primary Registration District No. 2178 Registered No. 127

FULL NAME OF CHILD Grant Elmo Wilcox
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth
Male	One	yes	5 (Month) 4 (Day) 1922 (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	D. O. Wilcox Jr.	FULL MAIDEN NAME	Nessie Gilbert
RESIDENCE	Sunnydell Ida.	RESIDENCE	Sunnydell Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kiawa Utah	BIRTHPLACE	Fairview Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Parkinson
Physician
(Physician or midwife)

Address Rexburg Ida.

Filed 6/2 1922 Rejoring
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ATE C[illegible] IDAHO

DEPARTMENT

Boise, Idaho, JUN 19 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sunnydell

Street:

County:

File Number: 101528

Registration Dist. No.: 13

Date of Birth: May 4 1922

Sex of Child: Male

Father: David Oswell Wilcox (Full Name)

Mother: Bessie ~~Gilbert~~ (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Grant Elmo Wilcox (Child's Name in Full)

Bessie Wilcox (Signature of Father or Mother)

JAN 15 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

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It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

414-109-033-815

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ St. _____

Hospital _____

Registration District No. 100 File No. 101529

Primary Registration District No. 21 Registered No. 176

FULL NAME OF CHILD _____

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and	One	Yes	4-9 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth. 1 Number of child of this mother now living, including present birth. 1

FATHER	MOTHER
FULL NAME G. H. Maughan	FULL MAIDEN NAME Olive Hansen
RESIDENCE Rexburg Ida.	RESIDENCE Rexburg Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Weston Ida.	BIRTHPLACE Ogden Park Utah
OCCUPATION School teacher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Parkinson

Rexburg Ida.
(Physician or midwife)

Address Physician

Filed 6/12 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512-210-033-289

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100 File No. 101531

No. ____ St.

Hospital Res

Primary Registration District No. 2178 Registered No. 124

FULL NAME OF CHILD Chijeko Nagawa Nakagawa

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb 10 1922

FATHER		MOTHER	
FULL NAME	M Nakagawa	FULL MAIDEN NAME	Murata Kyio
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho.
COLOR	Jap	COLOR	Japanese
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 25 A M. on the date above stated.

(Signature) Mary A Watts

" (Physician or midwife)

Address Rexburg Idaho

Filed 6/30 1922 J R Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

RECEIVED
JUL 20 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 19 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg; Street: RFD #1 Box 10; County: Madison

File Number: 101531

Registration Dist. No.:

Date of Birth: Feb. 10 1922.

Sex of Child: Female

Father: Motoharu Nakagawa (Full Name)

Mother: Kiyo Murata (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Echieko Nakagawa

Child's Name in Full

M Nakagawa

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

268-116-033-217

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100 File No. 101532

No. ____ St.

Primary Registration District No. 278 Registered No. 123

Hospital Res

FULL NAME OF CHILD Jack Bohning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	April 16 1922

FATHER

FULL NAME Albert Bohning

RESIDENCE Rexburg

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Kansas

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Sadie Kappnes

RESIDENCE Rexburg

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) Mary A Watts

(Physician or midwife)

Address Rexburg Idaho

Filed 7/30 1922 J Reynolds

Registrar

DEC 1 8

299-104-033-613

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

County of Madison

City of Rexburg Registration District No. 100 File No. 101533

No. ..... St.

Primary Registration District No. 2178 Registered No. 172

Hospital Reo

FULL NAME OF CHILD Jerry Earl Brian

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 4 1922

FATHER		MOTHER	
FULL NAME	Albert H Brian	FULL MAIDEN NAME	Lillie May Watts
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 25 A.M. on the date above stated.

(Signature) Mary A Watts

(Physician or midwife)

Address Rexburg Idaho

Filed 5/30 1922 [illegible] Wyoming Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 19 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: 53 E. 4th N. St.

County: Madison

File Number: 101533

Registration Dist. No.:

Sex of Child: Male

Date of Birth: May 7 1922

Father: albert Heneryb Brian (Full Name)

Mother: Lilly May Bre (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jerry Earl Brian (Child's Name in Full)

Mrs A. H. Brian (Signature of Father or Mother)

1-1942

AUG 19 1960
MAR 23 1973

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
E FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage d legitimacy.

It enables the Public Health Nurse to make sure the child has en protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com- ed to furnish certified copies of certificates of birth, it is im- nt that the certificates be filed with the BUREAU OF VITAL STATIS- and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

464-128-033-213

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 100 File No. 101534

Primary Registration District No. 2178 Registered No. 121

FULL NAME OF CHILD Franklin George Moulton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One (To be answered only in event of plural births)	yes	4-28-1922

What bactericidal solution was used in eyes? Argyol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	R. E. Moulton	FULL MAIDEN NAME	Mable Battes
RESIDENCE	Sugar Ida.	RESIDENCE	Sugar Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Heber City Utah	BIRTHPLACE	Sanatone Cal.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Parkinson
Rexburg Ida
(Physician or midwife)

Address Physician

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 5/30 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...TE OF BIRTH SHOULD
... WITH THE NAME

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar City Ida; Street: R.F.D. No. 1; County: Madison Co.

File Number: 101534

Registration Dist. No.:

Date of Birth: April 28 1922

Sex of Child: ~~Male~~ Male

Father: Rodney Earl Moulton (Full Name)

Mother: Maybell A. Bates (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Franklen George Moulton
Child's Name in Full

Mrs. R. E. Moulton
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

958-226-033-419

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101535

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. 100 File No. _____

Primary Registration District No. 2178 Registered No. 120

FULL NAME OF CHILD Mary Reyes
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth One (To be answered only in event of plural births) | Legitimate? yes | Date of birth 4 (Month) 26 (Day) 1922 (Year)

What bactericidal solution was used in eyes? Argyol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Joseph Reyes	FULL MAIDEN NAME	Martine Gudalupe
RESIDENCE	Sugar City Ida.	RESIDENCE	Sugar City Ida
COLOR	Dark	COLOR	Dark
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 10 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Parkinson
Physician
(Physician or midwife)

Address Rexburg Ida

Filed 5/30 1922 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL RE... ...MY A CERTIFICATE OF BIRTH SHOU
FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar City, Idaho

Street: Mexican Colony

County: Madison

File Number: 101535

Registration Dist. No.: Dont Know

Date of Birth: April 17th 1922.

Sex of Child: Female

Father: Jose Reyes (Full Name)

Mother: Guadalupe Martinez (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Reyes (Child's Name in Full)

Jose Reyes (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-230-033-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101536

County of _____
City of _____
No. _____ St. _____
Hospital _____
Registration District No. 100
Primary Registration District No. 278
File No. _____
Registered No. 119

FULL NAME OF CHILD Emma Alice Barrett
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	One	yes	4 30 1922

What bactericidal solution was used in eyes? argyol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Fredrick Barrett	FULL MAIDEN NAME	Margrett Elease Baliff
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Pocatello Ida.	BIRTHPLACE	Logan Utah.
OCCUPATION	Plumber.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.52 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Parkinson

Rexburg, Ida.
(Physician or midwife)

Physician

Address _____

Give names added from a supplemental report.

....., 19.....

Filed 5 30 1922

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~~796~~ - 113-033-655
655 PLACE OF BIRTH

name added 5-1-86 dl

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101537

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. 100 File No. _____

Primary Registration District No. 2178 Registered No. 118

FULL NAME OF CHILD Ross Weekes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One		—	no	Apr 13 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyol

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	Joseph Giordano	FULL MAIDEN NAME	Isibell Weeks
RESIDENCE	Sunnydell Ida	RESIDENCE	Sunnydell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Italy	BIRTHPLACE	Sunnydell Ida
OCCUPATION	Farmer	OCCUPATION	Student

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Parkinson
Physician
(Physician or midwife)

Address Rexburg Ida

Filed 5-30- 1922 [signature]
Registrar.

Give names added from a supplemental report.

_____, 19____

_____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

5-1-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF

State of Idaho
County of Ada } ss. MAY 1 10 31 AM '86

Certificate No. 101537
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Weekes (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 13, 1922 (Date of Event)

in Sunnydell (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ross Weekes

Subscribed and sworn to before me this 1st day of May, 1986.

Notary Public, Davalu Leavitt

Residing at Burneda Idaho

My commission expires Jan 10, 1987

(Seal)

Rosa Weekes
Signature of Applicant

Box 37 Lethe Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Honorable Discharge from U.S Army lists Ross Weekes was discharged Sept 11, 1943 Viewed byV.S.

MAY 1 19[illegible]

Marriage License from Ross Weekes and Beth Ricks were married July 5, 1945. Viewed byV.S.

963-210-033-577

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 100 File No. 101538

Primary Registration District No. 2178 Registered No. 117

FULL NAME OF CHILD Priscilla Rock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One		—	yes	Apr 10 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10 argyol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	E. C. Rock	FULL MAIDEN NAME	Louise Eggertz
RESIDENCE	Deboise Ida.	RESIDENCE	Deboise Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Parkinson
Physician
(Physician or midwife)

Address Rexburg Idaho

Filed 7/30 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 9
BUREAU OF VITAL STATISTICS

Boise, Idaho, JUN 19 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Dubois Ida
Street
County Clark

File Number 101538

Registration Dist. No.

Date of Birth Apr 10 1922

Sex of Child Female

Father Edgar Clyde Rock
Full Name

Mother Louise Eggertz
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Pircilla Rock
Child's Name in Full

E. Clyde Rock
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

FEB 20 1943 - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

413-224-033-213

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101539

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 217 Registered No. 116

FULL NAME OF CHILD Cathryn Mackay
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		No.	Apr 24th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alfred MacKay	FULL MAIDEN NAME	Helem F. Balem
RESIDENCE	Sugar City Idaho	RESIDENCE	Sugar City Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Domestic Cook

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Apr 24th 1922, 4-15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Address Ryan Idaho

Filed 5/2 1922 Ryan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUN 26 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 19 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar City

Street: R. F. D. 1

County: Madison

File Number: 101539

Registration Dist. No. .....

Sex of Child: Female

Date of Birth April 24th 1922.

Father: Alfred Duncan Mackay (Full Name)

Mother: Helen Fanny Balem (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Kathryn Mackay
Child's Name in Full

Alfred D. Mackay
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

FEB 22 1945

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-114-033-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 3 1922
BUREAU OF VITAL STATISTICS

County of Madison
City of Rexburg
No. ____ St. ____
Hospital ____

Registration District No. 100
Primary Registration District No. 2178

File No. 101540
Registered No. 115

FULL NAME OF CHILD E. CRAIG HARPER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Apr. 14 192 2

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth: 2nd
Number of child of this mother now living, including present birth: 2

FATHER		MOTHER	
FULL NAME	Renaldo E. Harper	FULL MAIDEN NAME	May Darley
RESIDENCE	Albion Idaho	RESIDENCE	Albion Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Albion Idaho	BIRTHPLACE	Wellsville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Apr. 14, 1922 1-45 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson
M.D.
(Physician or ~~midwife~~)

Address Rexburg Idaho

Filed 6/7 192 7 Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 101540

County of Weber } Date Filed Mar. 12, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for E Craig Harper (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 14, 1922 (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Blessing certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 4, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	E. Craig Harper

Subscribed and sworn to before me this 24th day of March, 1942

Zenet Stephensen

Notary Public, residing at Ogden, Utah

My commission expires February 24, 1943

(SEAL)

Signed Mrs R. E. Harper

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

869 Wash Blvd, Ogden, Utah

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Weber }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of March, 1942

Zenet Stephensen

Notary Public, residing at Ogden Utah

My commission expires February 24, 1943

(SEAL)

Signed David S Emery

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

660-21st St. Ogden Utah

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

APR 8 1959

244-107-033-745

PLACE OF BIRTH

ADDED CHILD'S NAME 11-21-96 MS

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ____ St.

Registration District No. 100 File No. 101541

Hospital ____ Primary Registration District No. 2178 Registered No. 714

FULL NAME OF CHILD FRANKLIN GUNNELL SUMMERS

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr. 7th. 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth... 4th. Number of child of this mother now living, including present birth... 4

FATHER		MOTHER	
FULL NAME	Harvey Summers	FULL MAIDEN NAME	Eva Gunnell
RESIDENCE	Burton Idaho	RESIDENCE	Burton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Burton Idaho	BIRTHPLACE	Weilsville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Apr. 7th 1922 2-14 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M. D.

(Physician or ~~Midwife~~)

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 5/2 192 W. Gurney Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
NOV 0 8 1996
VITAL STATISTICS UNIT

State of _____ } ss.
County of _____ }

Certificate No. 101541
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Summers (Male) who was born on Apr 7, 1922
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Rexburg, Idaho (Madison) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Franklin Gunnell Summers

Subscribed and sworn to before me this 23rd day of October, 1996.

Notary Public, _____
Residing at Rexburg
My commission expires 10-1-99
(Seal)

Roy Summers
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

CHURCH RECORD FROM THE LDS CHURCH SHOWS FRANKLIN G SUMMERS BORN APR. 7, 1922 WAS BAPTIZED JAN. 31, 1931 VIEWED VS.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED JAN. 11, 1945 FILE #44-400493 SHOWS JUDY ANN SUMMERS BORN DEC. 15, 1944 IN REXBURG (MADISON) ID TO DONNA ANNABELL THOMPSON AND FRANKLIN GUNNELL SUMMERS VIEWED VS.

168-230-033-436

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Lyman

No. ____ St.

Hospital ____

Registration District No. 10

Primary Registration District No. 2178

File No. 101542

Registered No. 113

FULL NAME OF CHILD Ruby Gwen Johnson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Mar 30th 192 2

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 3rd Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Glen Johnson	FULL MAIDEN NAME	Mary McFarland
RESIDENCE	Lyman Idaho	RESIDENCE	Lyman Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Beaver Dam, Utah	BIRTHPLACE	Idaho Falls Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Mar 30th 1922, 3-15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or Midwife)

Address Rexburg Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 5 2 192 7 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1973

AUG 3 1948

652-226-033-249 Name added 1-7-87 lh

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 5 1922

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ____ St. ____

Hospital ____

Registration District No. 10

Primary Registration District No. 217

File No. 101543

Registered No. 112

FULL NAME OF CHILD Zola Mae Westover

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Mar 26th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 5th

Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Arnold R. Westover	FULL MAIDEN NAME	Mary A. Smith
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Victor Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Mar 26th 1922 5-25 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Address Rexburg Idaho.

Filed 5/2 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-26-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
DEC 22 1986
Bureau of Vital Statistics, Standards and Local Health Services

State of _____ } ss.
County of _____

Certificate No. 101543
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for unnamed female (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 26, 1922 (Date of Event) in Rexburg, Madison Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	Zola Mae Westover

Subscribed and sworn to before me this 15 day of December, 1986.
Notary Public, Judith Rae Germanovich
Residing at 201 E. Voltaire Ave, Phoenix Az.
My commission expires My Commission Expires Jan. 17, 1988
(Seal)

x Zola Mae Westover Hope
Signature of Applicant
x 17805 N 40th St. #131
Street Address, City, State
Phoenix, Az. 85032

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Maricopa

(Must be completed ___)
(Is not necessary XXX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of December, 1986.
Notary Public, Zola M. Hope
Residing at 17805 N 40th St #131 Phoenix Az.
My commission expires ~~My Commission Expires May 31, 1988~~
(Seal)

Lena A. Westover
Supporting Signature
1680 Peach Pl. Concord, Ca.
Street Address, City, State
94518

1 cc pd

Certificate of Membership in LDS Church for Arnold Westover gives name of daughter as Zola Mae Westover born Mar. 26, 1922 in Rexburg, ID. Entered on record as birth March 26, 1922.
Viewed by V.S.

Marriage certificate from State of Utah, Co. of Salt Lake gives name as Zola Mae Westover. License issued Cache Co. on Aug. 24, 1939. Married August 25, 1939 in the Salt Lake City Temple.
Viewed by V.S.

219-213-033-843

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexbur Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 101544

Primary Registration District No. 2178 Registered No. 111

FULL NAME OF CHILD Mary Grace Barney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Mar 13th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Moses Barney	FULL MAIDEN NAME	Rachel Hutchison
RESIDENCE	Sugar Idaho	RESIDENCE	Sugar Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE	Spanish Fork Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Mar 13 1922 7-30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Rexburg Idaho.

Filed 5 2 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar City

Street: .....

County: Madison

File Number: 101544

Registration Dist. No.: 16

Date of Birth: Mar 13 192 2

Sex of Child: Female

Father: Morris J. Barney (Full Name)

Mother: Rachel Hutchison (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Grace Barney (Child's Name in Full)

Mrs. Rachel Barney (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD

282-216-033-154

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101545

County of Madison

City of Lyman

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 110

FULL NAME OF CHILD Marjory Bybee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Apr. 16th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 3rd Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Bluford L. Bybee.	FULL MAIDEN NAME	Esther Anderson
RESIDENCE	Lyman Idaho	RESIDENCE	Lyman Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Fairview Idaho	BIRTHPLACE	Redmond Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Apr 16th 1922, 11-15 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Address Rexburg Idaho

Filed 2 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 101545

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marjory Bybee (Name on Original Certificate) who was Born (Was Born or Died) on April 16th 1922 (Date of Event)
in Lyman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on April, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Marjory Bybee

Subscribed and sworn to before me this 10th
day of January 1944
Joseph A. Parker
Notary Public, residing at Rexburg, Idaho
My commission expires August 6th 1947
(Seal)

Signed Esther L Bybee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Thurston, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of January 1944
Joseph A. Parker
Notary Public, residing at Rexburg, Idaho
My commission expires August 6th 1946
(Seal)

Signed Ray Bybee
(Signature of Any Credible Person Other Than Previous Year)
Thurston, Idaho.
(Street Address, City, State)

JAN

JAN 14 1944

331-218-033-855

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. ____ St.
Hospital ____

Registration District No. 100
Primary Registration District No. 2178

File No. 101546
Registered No. 109

FULL NAME OF CHILD Carma Clark
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr 18th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 7th Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Alfred E. Clark	FULL MAIDEN NAME	Isabelle Henderson
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Teton Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Apr. 18th at 1922, 12-50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carey Nelson M.D.
(Physician or [redacted])

Address Rexburg Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 6/2 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-124-033-685

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sunnydell

No. ..... St.

Hospital .....

Registration District No. 101

File No. 101547

Primary Registration District No. 278

Registered No. 101

FULL NAME OF CHILD Keith Buckland
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Apr 24th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 6th Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Carl L Buckland	FULL MAIDEN NAME	Bessie Wheaton
RESIDENCE	Sunnydell Idaho	RESIDENCE	Sunnydell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Sunnydell Idaho	BIRTHPLACE	Poplar Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Apr 24th 1922, at 10-15 P. M. on the date above stated.
(Born alive or stillborn)

Alive

(Signature) Parley Nelson

M.D.
(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address [illegible]

Filed 5/2 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 16 1942

DECEASED

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 19 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sunny Hell

Street: .....

County: Madison

File Number: 101547

Registration Dist. No.: 39

Date of Birth: April 24 1922

Sex of Child: Male

Father: Carl Lionel Buckland (Full Name) Mother: Bessie J. Wheaton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Keith Buckland.
Child's Name in Full

Mrs. C. L. Buckland.
Signature of Father or Mother

NOV 1 [illegible]

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

766-226-033-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 10

File No. 101548

Primary Registration District No. 21

Registered No. 10

FULL NAME OF CHILD Elizabeth Ann Poole
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female				Yes	Apr.	26th	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 3rd Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Harry L. Poole	FULL MAIDEN NAME	Anna Hansen
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Menan Idaho	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Grocery Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Apr. 26th 1922. 10-20 A M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Address Rexburg Idaho.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 5/2 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

2/9/79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 15 8 27 AM '79

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bonneville } ss.

Certificate No. 101548
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Poole (Name on Original Certificate) who was born (Was Born, Died, etc.) on 4/26/22 (Date of Event)

in Rexburg, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Unnamed Poole	Elizabeth Ann Poole

Subscribed and sworn to before me this 10th day of Feb.
February 19 79.
Notary Public,
Residing at Idaho Falls, Idaho
My commission expires August 22, 1980
(Seal)

Harry L. Poole
Signature of Applicant

416 4th St. Idaho Falls, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of
February 19 79.
Notary Public,
Residing at Idaho Falls, Idaho
My commission expires August 22, 1980
(Seal)

Ann Poole
Supporting Signature

416 4th St. Idaho Falls, Idaho
Street Address, City, State

Certificate of Baptism & Confirmation issued by Idaho Falls Stake of the LDS Church to Elizabeth Anne Poole on 10/18/31. viewed by V.S.

Marriage License issued by the State of Idaho 23 November 1943 lists name of Bride as Elizabeth Ann Poole. viewed by V.S.

FEB 1 3 1979

155-119-033
155

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

County of Madison

City of Burton

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

Pile No. 101549

Registered No. 106

Full Name of Child Delbert Vern Jensen

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Boy		yes	4 (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Carl Jensen	FULL MAIDEN NAME	Elizabeth Jensen
RESIDENCE	Burton Idaho	RESIDENCE	Burton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Sevier County Utah	BIRTHPLACE	Burton Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:49 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mae Nelson

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

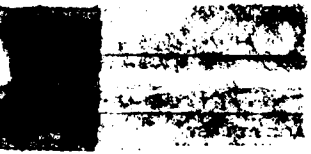
Address Rexburg R. 1

Filed 5/2 1922 J. V. Young Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OF IDAHO

DEPARTMENT OF [illegible] ALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 101549

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Delbert Vern Jensen

Subscribed and sworn to before me this 1st day of May, 1942

[signature] Bayhould

~~Notary Public~~, residing at Rexburg

My commission expires District Court

(Seal)

Signed Elizabeth Jensen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F.D. #1, Rexburg, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of May, 1942.

[signature] Bayhould

Notary Public, residing at Rexburg Ida.

My commission expires Deputy Clerk of the District Court

(Seal)

Signed [signature]

(Signature of Any Credible Person Other Than Previous Year)

Rexburg, Idaho.

(Street Address, City, State)

MAY 5 1942

MAY 8 1942

JUN 3 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]RTH

RECEIVED MAY 23 1922 [redacted]AU OF VITAL

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of [illegible]

City of Richfield

No. 219-116-0320-434 St.

Reg[redacted] 17

File No. 101550

Primary Registration District No.

Registered No. 57

Hospital

FULL NAME OF CHILD William P. Barnes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 16 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William P Barnes	FULL MAIDEN NAME	Ava C McMahon
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Blue Mound Kas.	BIRTHPLACE	Shoshone Ida
OCCUPATION	Druggist	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Richfield

Filed May 9 1922 O E Bloom
Registrar

FEB 7 1942

JUN 19 1943

168-107-092-389

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lemhi

City of Marley

Registration District No. 10/16

File No. 101551

No. ..... St.

Primary Registration District No. 16

Registered No. 26

Hospital .....

FULL NAME OF CHILD Baby Chidester Johnson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	May 7 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. O. Johnson	Sapsie Chidester
RESIDENCE	Marley Ida	Marley
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2-45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. H. Hull M.D.
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar.

Filed May 10 1922 J. L. Stueen Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-206-032-693

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

Registration District No. 16*

File No. 101552

Primary Registration District No. 1016

Registered No. 25

FULL NAME OF CHILD Edna May

Sex of Child Female

Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Morgan	FULL MAIDEN NAME	Myrtle Williams
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	R.R. shops	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address .....

Filed May 10 1922 [signature] Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1968

236-201-032-753

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16

File No. 101553

No. ..... St.

Primary Registration District No. 1016

Registered No. 24

Hospital .....

FULL NAME OF CHILD Shirley Elaine Scott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	Yes	May 1st 1922

FATHER		MOTHER	
FULL NAME	Fred R. Scott	FULL MAIDEN NAME	Mary J. Peck
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Nebr.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address

Filed May 2d 1922 J. L. Freeman Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
213-230-032-619

County of Lincoln.

City of Shoshone

No. St.

Hospital

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 101554

Primary Registration District No. 1016 Registered No. 23

FULL NAME OF CHILD GEORGANNA Bates,
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes.	4-30-1922

What bactericidal solution was used in eyes? Sol Argyrol, 20%.

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	George Bates,	FULL MAIDEN NAME	Millie Warr.
RESIDENCE	North Shoshone,	RESIDENCE	North Shoshone.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Deane M.D.

Physician.
(Physician or midwife)

Address Shoshone, Idaho.

Filed May 1 1922 J. L. Fuller
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

JUN 27 1944

DEC 15 1954

352-116-032-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Lincoln, City of Shoshone, No. ____ Street
Registration District No. 16 File No. 101555
Hospital ____ Primary Registration District No. 1016 Registered No. 22

FULL NAME OF CHILD Leroy Lester.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X	X	yes	4-16-- 1922

What bactericidal solution was used in eyes? 20% Argyrol Sol.

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 11

FATHER	MOTHER
FULL NAME: Frank C. Lester,	FULL MAIDEN NAME: Daisy Carr.
RESIDENCE: Shoshone, Idaho.	RESIDENCE: Shoshone, Idaho.
COLOR: White	COLOR: White,
AGE AT LAST BIRTHDAY: 56 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Ohio.	BIRTHPLACE: Michigan.
OCCUPATION: Trapper.	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11-55 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frederick C. Lester M.D.

Physician, (Physician or midwife)

Address Shoshone, Idaho

Filed Jun 19 1922 J L Burns Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Calif. } ss.
County of Monterey }

Certificate No. 101555

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of April 16 - 1922 (Birth or Death) for Leroy Lester (Name on Original Certificate) who Born (Was Born or Died) on April 16 - 1922 (Date of Event) in Shoshone Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on June 16 - 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Roy Herbert Lester	Leroy Lester

Subscribed and sworn to before me this 16 day of March, 19 —

Chas P Bumbaugh

Notary Public, residing at Salinas Calif

My commission expires Sept 2 - 1945

(Seal)

Signed Frank C Lester

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

100 Main St Salinas Calif

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Monterey }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of March 1942

Chas P Bumbaugh

Notary Public, residing at Salinas Calif

My commission expires Sept 2 - 1945

(Seal)

Signed Mrs Dora Lester Mother

(Signature of Any Credible Person Other Than Previous Year)

120 Main St Salinas Calif

(Street Address, City, State)

791-206
032-855
Lincoln

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH county amend 2-6-84 dl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Lemhi~~

City of Shoshone

Registration District No. 16 File No. 101556

No. ..... St.

Hospital Dree

Primary Registration District No. 2016 Registered No. 21

FULL NAME OF CHILD Lenora Pauline Praegitzer

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth April 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Praegitzer	FULL MAIDEN NAME	Regina Heer
RESIDENCE	Kinama	RESIDENCE	Kinama
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Russia	BIRTHPLACE	South Dakota
OCCUPATION	R.R.	OCCUPATION	wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address

Filed April 11 1922 [signature]
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192..

n:

ame of your baby was not filled in on the birth ce[illegible] sent to this office. It is of vital import-
e the full name included in the record. Kindly fill in the information requested in the blank below
his sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Shoshone

File Number 10156

et .....

Registration Dist. No. .....

ty Lincoln

Date of Birth April 6 192 2

Female

John Braegitzer
Full Name

Mother Regina Heer
Full Maiden Name

ERTIFY that the child described herein has been named:

nora Pauline Braegitzer
Child's Name in Full

Mrs. John Braegitzer
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH T

- - - - - - - - - - -

Birth registration is part of every child's b

It establishes legally the date of the child'
and legitimacy.

It enables the Public Health Nurse to make
been protected from danger of blindness and other in

- - - - IT SHOWS AT LATER PERIODS OF LIFE

1. The correct age for purposes of school at
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lan
6. Right to vote.
7. Right to receive pensions and inherit pro
8. Furnishes acceptable evidence of genealog
9. Right to get married.
10. Just at this time while many of the Ex-Se

pelled to furnish certified copies of certificates o
portant that the certificates be filed with the BURE
TICS and the same completed by furnishing the name o

PLEASE ASSIST BY FURNISHING THE NAME OF Y

Dear Madar

The n
ance to hav
and return t

Place of Birth { City / Stree / Coun

Sex of Child

Father

I HEREBY

1/23/84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 101556
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Lenora Pauline Praegitzer (Name on Original Certificate) who was born (Was Born, Died, etc.) on Apr.6,1922 (Date of Event)

in Shoshone, Idaho(lemhi) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
county of birth	Lemhi	Lincoln

Subscribed and sworn to before me this 26th day of January, 1984.

Notary Public, Lori Kim Bowen

Residing at Rupert

My commission expires Life

(Seal)

X Lenora P. Praegitzer
Signature of Applicant

X 1524 A St. Rupert, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of January, 1984.

Notary Public, Lori Kim Bowen

Residing at Rupert, Id

My commission expires Life

(Seal)

John Praegitzer
Supporting Signature

317 A St. Rupert, Idaho
Street Address, City, State

FEB 6 1984

253-221
034-219

PLACE OF BIRT[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minido[redacted]

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 101557

Primary Registration District No. 2015 Registered No. 65

FULL NAME OF CHILD Dorothy Louise Bell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Apr (Day) 21st (Year) 1922
Female		Yes	

What bactericidal solution was used in eyes? Argyrol 25 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lloyd R Bell	FULL MAIDEN NAME	Sarah Elizabeth Barton
RESIDENCE	R.F.D. Rupert. Idaho	RESIDENCE	R.F.D. Rupert. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho

Filed May 1 1922 E H Elmore
Registrar.

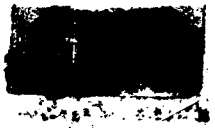
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1942



635-221-034-755 AMENDED CHILD'S MIDDLE NAME & MOTHER'S FIRST NAME

PLACE OF BIRTH

Amended 2-8-78

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO 11-29-2000 MS

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of R.F.D. Rupert

No. ..... St.

Registration District No. 19 File No. 101558

Hospital ..... Primary Registration District No. 2015 Registered No. 66

FULL NAME OF CHILD Naomia ~~Catharine~~ KATHERINE Olenslager

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	Yes	Apr 21st 1922

What bactericidal solution was used in eyes? Argyrol 25 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lawrence Peter Olenslager	FULL MAIDEN NAME	~~Catharine~~ KATHERINE Penner
RESIDENCE	R.F.D. Rupert, Idaho	RESIDENCE	R.F.D. Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician (Physician or midwife)

Address Rupert, Idaho

Filed May 1st 1922 E. H. Elmore Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JAN 16 1 45 PM '78

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 101558

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Nylina Catharine Olenslager (Name on Original Certificate) who was born (Was Born or Died) on April 21, 1922 (Date of Event)
in Rupert, Idaho (Minidoka) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Nylina Catharine Olenslager	Naomia Katherine Olenslager
mother's maiden name	Catharine Penner	Katherine Penner

Subscribed and sworn to before me this 1st day of December, 19 78

Notary Public, residing at Burley, Idaho

My commission expires 9-8-80

(Seal)

Signed Naomia K Bliss
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Katherine Olenslager
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Minidoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of January, 1978

Notary Public, residing at Burley

My commission expires Continuous

(Seal)

Signed Shirley Williams
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 11/22/77

Recd

Additional recorded to correct child's middle name & mother's first name 11-29-2000 v.s.

Certificate of Award issued by Dist. # 10 of the Bingham County School system gives name as Naomia Olenslager. Neither Absent nor Tardy from the school during the month ending November 21, 1930. Mae V. Bernard, Teacher
Viewed by V.S.
Certificate of Award issued by the Bingham County Schools for a Spelling Contest gives name as Naomia Olenslager of School Dist # 10,. is awarded this certificate in the Bingham County Spelling Contest as earning 97½ percent in Grade 2, April 4, 1930. Margaret E. Giesbrecht, County Super intendent
Viewed by V.S.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 5/9/1953 FILE #1953-4701
SHOWS THE MOTHER'S MAIDEN NAME AS NAOMIA KATHERINE OLENSLAGER VIEWED VS.
11-29-2000 (OWN CHILD'S RECORD).

SIBLING'S STATE OF IDAHO CERTIFICATE OF BIRTH FILED 5/29/1924 FILE #1924-122124
SHOWS THE MOTHER'S MAIDEN NAME AS KATHERINE PENNER VIEWED VS. 11-29-2000.

NAOMIA'S MOTHER'S IDAHO DEATH CERTIFICATE SHOWS KATHERINE OLENSLAGER
DIED 12/8/1985 IN BURLEY (CASSIA) ID VIEWED VS 11-29-2000.

239-206-034-369

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of R.F.D. Rupert

No. ..... St.

Registration District No. 19 File No. 101559

Hospital ..... Primary Registration District No. 2015 Registered No. 67

FULL NAME OF CHILD Audrey Lucille Strahan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	Apr 6th 1922

What bactericidal solution was used in eyes? Argyrol 25% Sol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Wm Thomas Strahan	FULL MAIDEN NAME Luiza Combs
RESIDENCE	R7D Rupert, Idaho	RESIDENCE R.F.D. Rupert, Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE Missouri
OCCUPATION	Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician

(Physician or midwife)

Address Rupert, Idaho,

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed May 1 1922 Ett Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-127-034-485

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Minidoka
City of Rupert
No. ..... St.
Hospital .....

Registration District No. 19
Primary Registration District No. 905

File No. 101560
Registered No. 6

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4 - 27 - 1922

What bacteriecidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	John Biederman	FULL MAIDEN NAME	Caroline Myer
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom
Physician
(Physician or midwife)

Address Rupert Idaho

Filed May 6 1922 E. D. Edmonds
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

COUNTY 102-101-034-366

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 101561

No. ..... St.

Primary Registration District No. 2015 Registered No. 69

Hospital .....

FULL NAME OF CHILD Shirley Phippen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	4 (Month) 7 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Earl Melvin Phippen	FULL MAIDEN NAME	Edna Cook
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 30 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Groom. Phy.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert Idaho

Filed May 6 1922 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1965

249-212-034-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

City of Paul

Registration District No. 19 File No. 101562

No. ..... St.

Primary Registration District No. 2015 Registered No. 70

Hospital .....

FULL NAME OF CHILD Cassie Marie Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	4 (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Chas A Smith	FULL MAIDEN NAME	Marion J. Willoughby
RESIDENCE	Paul Idaho	RESIDENCE	Paul Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Penn.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Barn alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P. Groom
Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Idaho

Registrar

Filed May 6 1922 Ett Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WORKS

STATE OF IDA''

DEPARTMENT OF PUBLIC WELFARE

JUN 1[illegible] 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Paul, Idaho

Street: Box 151

County: Minidoka

File Number: 101562

Registration Dist. No.:

Sex of Child: Female

Date of Birth: April 12, 1922

Father: Charles Albert Smith (Full Name)

Mother: Marion Jennette Wilson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Cassie Marie Smith
Child's Name in Full

Mrs C. A. Smith
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
'ILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

391-225-034-954

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. 101563

Hospital ..... Primary Registration District No. 2015 Registered No. .....

FULL NAME OF CHILD Lois Catherine Trathen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 26 1922

What bacteriolidal solution was used in eyes? 2% Sol. Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME William Clarence Trathen	FULL MAIDEN NAME Agnes Amelia Ridge
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Pa.
OCCUPATION Clerk	OCCUPATION Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, **at** 3 40 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Ehmcke

M.D.
(Physician or midwife)

Address Rupert

Filed May 8 1922 E. H. Ehmcke
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert Idaho

Street: .....

County: Minidoka

File Number: 101563

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: April 25th 1922

Father: William Clarence Trachsel (Full Name)

Mother: Agnes Aurelia Ridge (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lois Estella Trachsel

Child's Name in Full

W. C. Trachsel

Signature of Father or Mother

JAN 13 1966

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

533-201-034-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

County of Minidoka
City of Rupert
No. ..... St.
Registration District No. 19
File No. 101564
Hospital
Primary Registration District No. 2015
Registered No. 72

FULL NAME OF CHILD Mary Eileen Elliott
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	Yes	May 1 1922

What bacterioidal solution was used in eyes? 2.0% argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Lloyd Richard Elliott	FULL MAIDEN NAME Bulah Anna Cole
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Ky	BIRTHPLACE Minn
OCCUPATION Auto Mechanic	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ed D Elmore M D
(Physician or midwife)
Address Rupert Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed May 8 1922 Ed D Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Boise, Idaho, JUN 1 0 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert

Street: .....

County: Minidoka

File Number: 101564

Registration Dist. No. .....

Date of Birth: May 1 192 2

Sex of Child: Female

Father: Lloyd Richard Elliott (Full Name)

Mother: Beulah Cole (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Eileen Elliott

Child's Name in Full

Mrs. L. R. Elliott

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

993-108-034-315

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka
City of Rupert
No. ..... St. .....
Hospital .....

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Registration District No. 19 File No. 101565
Primary Registration District No. 2015 Registered No. 73

FULL NAME OF CHILD VERL CARVER RITCHIE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5	yes	May 8 1922

What bactericidal solution was used in eyes? 20% Sol. Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	James D. Ritchie	FULL MAIDEN NAME	Cora E. Carver
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Bank Cashier	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, (Born alive or stillborn) **at** 5-28 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Ritchie M.D.
(Physician or midwife)
Address Rupert Idaho

Filed May 8 1922 J. A. Ritchie
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah
County of Weber } ss.

MAR 18 1942

Certificate No. 101565
Date Filed 3/18/42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Verl Carver Ritchie (Name on Original Certificate) who was born (Was Born or Died) on May 8, 1922 (Date of Event) in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared ~~XX~~ In June, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Verl Carver Ritchie

Subscribed and sworn to before me this 16th day of March 1942
Herman Getscher
Notary Public, residing at Ogden Ut.
My commission expires My Commission Expires Sept. 16, 1948
(Seal)

Signed James D. Ritchie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2364 Jefferson Ave., Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Weber } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of March, 1942
William J. Kinner
Notary Public, residing at Ogden, Utah
My commission expires Jan. 2, 1946
(Seal)

Signed Verd P. Hancock
(Signature of Any Credible Person Other Than Previous Year)

461-27th St. Ogden, Utah
(Street Address, City, State)

168-126-034-491

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101566

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. .....

Registered No. 174

FULL NAME OF CHILD Lawrence Bert Johansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	Twins and	first	yes	April 26 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Burt F. Johansen	FULL MAIDEN NAME	Martha M Draper
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fayre Kinsey M.D.
(Physician or midwife)

Address Rupert Idaho

Filed May 8 1922 Ett Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Acequia; Street; County Minidoka

File Number 101566

Registration Dist. No.

Sex of Child Male

Date of Birth April 26 1922

Father Bert Freeman Johansen (Full Name)

Mother Martha Mazelle Dr (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lawrence Bert Johansen
Child's Name in Full

B. F. Johansen
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-226-034-491

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 101567

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19

Hospital .....

Primary Registration District No. 9015

Registered No. 75

FULL NAME OF CHILD Florence Mazelle Johansen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	Twin living and	second	yes	April 26 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Arg NO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Bert Freeman Johansen	Martha M Draper
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Nebraska	Utah
OCCUPATION	farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Fayre Kenagy M.D.
(Physician or midwife)

Address Rupert

Filed May 8 1922 Ett Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ...Acequia..... Street ..... County Minidoka.....

File Number .....101567.....

Registration Dist. No. .....

Sex of Child.....Female.....

Date of Birth April 26 192 2

Father Bert Freeman Johansen (Full Name) Mother Martha Mazelle Drap (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Florence Mazelle Johansen
Child's Name in Full

B. F. Johansen
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

255-216-034-249

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ____ St.

Registration District No. 19 File No. 101568

Hospital ____ Primary Registration District No. 2015 Registered No. 6

FULL NAME OF CHILD Lila May Benedict
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	4 16 1922

What bacterieidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Ralph Benedict	FULL MAIDEN NAME	Cordie Burton
RESIDENCE	Tipperary Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 P. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kempton
Physician

(Physician or midwife)

Address Rupert

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 8 1922 E. H. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-717-016-445

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 101569

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

County of Cassia

City of Rupert

No. ..... St.

Registration District No. 19 File No. .....

Hospital .....

Primary Registration District No. 2015 Registered No. 77

FULL NAME OF CHILD Eugene Prosper Leoni

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	4-17-1922

What bacteriolidal solution was used in eyes? Arg. Nos

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Marcellus Leoni	FULL MAIDEN NAME	Amelia Munari
RESIDENCE	Italy Rupert	RESIDENCE	Italy Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Address .....

Give names added from a supplemental report.

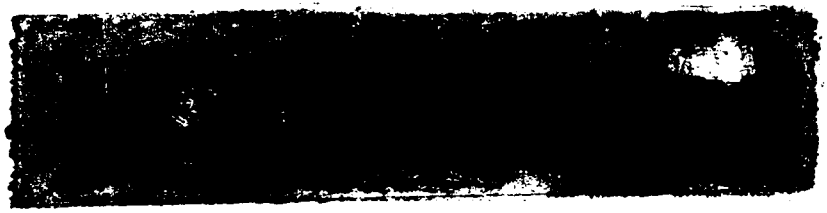
....., 19.....

..... Registrar.

Filed May 8 1922 W W Elmore Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 1 1971

917-124-034-553

amend middle na[redacted]

12-19-83 dl

PLACE OF BIRTH

RECE[redacted] JUN 6 1922 BUREAU OF VITAL STATISTICS

[redacted] OF IDAHO
[redacted]AU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

CERTIFICATE OF BIRTH

101570

County of Minidoka

City of Paul

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 78

Hospital

FULL NAME OF CHILD Richard ~~Martin~~ ~~Zagel~~ Carl Zagel (Hrca)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	twin		2	yes	Mar 24 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin H. G. Zagel	FULL MAIDEN NAME	Eleanor Marie Wolf
RESIDENCE	Paul, Idaho	RESIDENCE	Paul, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utica Nebraska	BIRTHPLACE	Gladstone, Mbr.
OCCUPATION	Lutherine Deaches	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Mar 24 1922 at 11-25 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. R. Adams, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Paul, Idaho

Registrar

Filed May 18 1922 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 101570

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Richard Martin Zagel (Name on Original Certificate) who ~~died~~ born (Was Born or Died) on March 24, ~~1922~~ 1922 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Richard Martin Zagel	Richard Carl Zagel

Subscribed and sworn to before me this 29th
day of November, 1983

Signed X Richard Carl Zagel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Spokane

My commission expires 8-28-87
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

Diploma from Concordia Theological Seminary lists Richard Carl Zagel completed course of study and was given diploma June 1947. Viewed by V.S.

DEC 19 1983

Insurance Policy from State Farm Ins gives Richard Carl Zagel as insured Policy dated July 5, 1971. Viewed by V.S.

Certificate of Baptism lists Richard Carl Zagel born March 24, 1922 was baptised April 26, 1922. Viewed by v.S.

917-124-034-613 middle name amend 12-9-83 dl

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH—

RECEIVED JUN 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

Registration District No. 19 File No. 101571

No. ..... St.

Primary Registration District No. 2015 Registered No. 79

Hospital .....

FULL NAME OF CHILD Robert Martin Zagel

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	1	yes	Mar 24 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Martin H. J. Zagel	Eleanor Marie Nell
RESIDENCE	Paul, Idaho	Paul, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Wisner, Nebraska	Gladstone, Nebr.
OCCUPATION	Lutheran Preacher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Mar 24-'22, at 11 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. P. Adams, M.D.

(Physician or midwife)

Address Paul Idaho

Filed May 18 1922 E. B. Edmunds
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Mult. } ss.

Certificate No. 101571

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Robert Carl Zagel (Name on Original Certificate) who born (Born or Died) on March 24 1952 (Date of Event)
in Paul, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Robert Carl Zagel	Robert Martin Zagel

Subscribed and sworn to before me this 2nd day of December, 1983.

Notary Public, residing at Gresham, Ore
My commission expires May 31, 1985
(Seal)

Signed Robert Martin Zagel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of December, 1983.

Notary Public, residing at Gresham, Ore
My commission expires May 31, 1985
(Seal)

Signed Betty Zagel
(Signature of Any Credible Person)

600 NW 6 Ave Mile G Gresham
(Street Address, City, State) Or. 97030

Enlistment papers give Robert Martin Zagel enlisted in Armed forces Oct 15, 1942. Lists date of birth as March 24, 1922 and place as Paul, Idaho. Viewed by V.S.

DEC 9 1983

Confirmation Certificate from Immanuel Lutheran Church gives Robert Martin Zagel was confirmed April 5, 1936. Viewed by V.S.

239-124-034-239

PLACE OF BIRTH

Name added 5-18-79

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minnedoka

City of Heyburn

No. ..... St.

Registration District No. 19

File No. 101572

Hospital .....

Primary Registration District No. 2015

Registered No. 80

FULL NAME OF CHILD Louis Harold Stimpson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Mar 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	R. C. Stimpson	FULL MAIDEN NAME	Louis Strong
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Hrof

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler
MD.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Burley Ida

Filed May 18 1922 E H Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
APR 11 1979
Bureau of Vital Statistics

State of IDAHO
County of MINIDOKA } ss.

Certificate No. 101572

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Harold Stimpson (Name on Original Certificate) who was born (Was Born or Died) on Mar. 24, 1922 (Date of Event)
in Heyburn, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Omitted	Louis

Subscribed and sworn to before me this 2ND day of APRIL, 1979
Notary Public, residing at Paul Idaho
My commission expires March 26 1981
(Seal)

Signed Linda B. Stimpson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 1 Heyburn Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of MINIDOKA } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2ND day of APRIL, 1979
Notary Public, residing at Paul Idaho
My commission expires March 26, 1981
(Seal)

Signed Maria Irene CC
(Signature of Any Credible Person)
Box 3 Paul Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3-16-64. one copy pd. rec. #16918.

Marriage Certificate issued by County of Cache State of Utah gives name of Groom as Louis Harold Stimpson and Wanda Mae Bailey as Bride. Married April 6, 1949.

Viewed by V.S.

Honorable discharge issued by the Army of the United States gives name as Louis H. Stimpson born March 24, 1922 in Heyburn, Idaho. Issued Dec. 31, 1945. Viewed by V.S.

692-222-034-753

PLACE OF BIRTH

RECEIVED JUN 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101573

County of Minnehaha

City of Heyburn

No. ..... St.

Registration District No. 19 File No. .....

Hospital .....

Primary Registration District No. 2015 Registered No. 81

FULL NAME OF CHILD Jennette Fisher
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Apr 22 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag No.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	A. C. Fisher	FULL MAIDEN NAME	Edith Peterson
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Kwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutter

MD.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Burley Ida

Filed May 18 1922 E. H. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-120-034-292

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

Registration District No. 19 File No. 101574

No. ..... St.

Primary Registration District No. 2015 Registered No. 82

Hospital .....

FULL NAME OF CHILD Shigeru Sakurada 82

Sex of Child male | Twin Triplet or other? 1 and Number in order of birth 2 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Feb (Month) 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Tattaro Sakurada	FULL MAIDEN NAME	Yo Kishiyama
RESIDENCE	~~Farming~~ Rupert Idaho R 2	RESIDENCE	Rupert Idaho R 2
COLOR	Jap. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	Jap AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb 20-1922 at 1 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. R. Adams, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Paul, Idaho

Registrar

Filed May 18 1922 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

599-126-034-285

PLACE OF BIRTH

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. 101575

Hospital ..... Primary Registration District No. 2013 Registered No. 83

FULL NAME OF CHILD Harold Eugene Sherberg

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 26 1922

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Leonard William Sherberg	FULL MAIDEN NAME Lucy Lillian Shelton
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Ills	BIRTHPLACE Mo.
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore

M.D.
(Physician or midwife)

Address Rupert

Give names added from a supplemental report.

..... 19.....

.....
Registrar.

Filed May 29 1922 E. H. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 14, 1941. E.W.

CC issued 1/29/41 Z.J.

231-125-034-331

PLACE OF BIRTH

RECEIVED JUN 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 101576

County of Minidoka

City of Rupert

No. R.F.D. St.

Registration District No. 19

Hospital

Primary Registration District No. 2213

Registered No. 84

FULL NAME OF CHILD William Hosler Blackington
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 25 1922

What bacterieidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Emmett Reynolds Blackington	FULL MAIDEN NAME Ruby Clark
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE So. Dak	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4 A.M. on the date above stated.
(Born alive or stillborn)

(Signature) E. A. Ebmore

M.D.
(Physician or midwife)

Address Rupert

Filed May 29 1922 E. A. Ebmore
Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-215-034-743

PLACE OF BIRTH

[redacted]

RECEIVED JUN 6 1922 BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Juneau

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 101577

Primary Registration District No. 2013 Registered No. 85

FULL NAME OF CHILD .....

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	May 13 1922

What bacterioidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Aflon Peter Christiansen	FULL MAIDEN NAME	Bertha Gull
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:35 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. D. Elmore M D

(Physician or midwife)

Address Rupert

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

Filed May 29 1922 E. A. D. Elmore

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 3 0 1970

469-110-034-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

101578

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 86

FULL NAME OF CHILD Roy Ernest Morgan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 10 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Roy Jesse Morgan	FULL MAIDEN NAME	Edith Louella Ross
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Wisconsin
OCCUPATION	Hamer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore
M D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed May 29 1922 E H Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 1 8 1945

855-225-034-419

PLACE OF BIRTH

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101579

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 87

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5 25 1922

What bactericidal solution was used in eyes? A. G. No. 3

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Lowell Hendricks	FULL MAIDEN NAME	Elma Morris
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	Miss
OCCUPATION	Butcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom
M. D.
(Physician or midwife)

Address Rupert Idaho

Filed May 28 1922 E. H. Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

765-223-034-841

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 101580

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19

Primary Registration District No. 2015

Registered No. 88

Hospital .....

FULL NAME OF CHILD Margaret Edna Gomez
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 23 1922

What bactericidal solution was used in eyes? ag no3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Orlie V Gomez	FULL MAIDEN NAME Mollie B Gurney
RESIDENCE Rupert Idaho	RESIDENCE Rupert Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Texas	BIRTHPLACE Texas
OCCUPATION Farming	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Rupert at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Graves M D
(Physician or midwife)

Address Rupert Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 28 1922 E N Ehmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 26 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 10 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert

Place of Birth — Street: .....

Place of Birth — County: Minidoka

File Number: 101580

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 23 1922

Father: Arlie V. Gonce (Full Name)

Mother: Mollie B. Geary (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margaret Edna Gonce
Child's Name in Full

Arlie V. Gonce
Signature of Father or Mother

NOV 27 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

363-214-034-243

PLACE OF BIRTH name added 3-3-83

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... Registration District No. 19 File No. 101582

Hospital ..... Primary Registration District No. 2015 Registered No. 90

FULL NAME OF CHILD Julia Merle Cole
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5 14 1922

What bactericidal solution was used in eyes? ag. nos

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	W. D. Cole	FULL MAIDEN NAME	Carl L. Bullock
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Address Rupert Idaho

Filed May 28 1922 E. O. Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-17-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss.

Certificate No. 101582
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Merle Cole (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 14, 1922 (Date of Event)
in Rupert (Minidoka) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs first name	Omitted	Julia

Subscribed and sworn to before me this 28 day of February, 1983.
Notary Public, Joyce M Schroeder
Residing at Rupert Idaho
My commission expires March 1986
(Seal)

Julia Merle Knight
Signature of Applicant
Route 1, Box 255, Rupert, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Minidoka } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of February, 1983.
Notary Public, Joyce M Schroeder
Residing at Rupert Idaho
My commission expires March 1986
(Seal)

Nelda Doekstader
Supporting Signature
Route #1 Box 170, Rupert, Idaho
Street Address, City, State

Certificate of Blessing from LDS Church gives Julia Merle Cole daughter of Wm B Cole and Pearl Bullock born May 14, 1922 at Rupert and was blessed June 4, 1922. Viewed by V.S.

MAR 3 1983

Certificate of Baptism from LDS Church gives Julia Merle Cole daughter of Wm B Cole and Pearl L Bullock born May 14, 1922 at Rupert and was baptised July 6, 1930. Viewed by V.S.

253-114-034-551

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19

File No. 101583

Hospital .....

Primary Registration District No. 2015

Registered No. 91

FULL NAME OF CHILD Frank Eugene Becker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5 14 1922

What bactericidal solution was used in eyes? ag. no3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lester Becker	FULL MAIDEN NAME	Letha O'Neal
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.9 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

(Physician or midwife)

Address Rupert Idaho

Filed May 28 1922 E. H. Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert Idaho

Street: .....

County: Minidoka

File Number: 101583

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: May 14 1929

Father: Leslie Becker (Full Name)

Mother: Letha A. Neal (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Frank Eugene Becker
Child's Name in Full

Mrs. Leslie Becker
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-212-034-713

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

Registration District No. 19 File No. 101584

Primary Registration District No. 2015 Registered No. 92

FULL NAME OF CHILD Alberta Louise Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5 — 12 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm L Johnson	FULL MAIDEN NAME	Elma Galloway
RESIDENCE	Paul	RESIDENCE	Paul Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Colorado	BIRTHPLACE	Washington
OCCUPATION	Lumberyard Man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Graam
M. D.
(Physician or midwife)

Address Rupert Idaho

Filed May 28 1922 E. H. Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
SEP 14 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Please your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ..Paul.....

Street .....

County ...Minidoka.....

File Number .....101584.....

Registration Dist. No. .....

Sex of Child.....Female.....

Date of Birth ....May, 12th, ...192..2.

Father William Lucian Johnson.....
Full Name

Mother Alma Florence Galloway.....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....Alberta Louise Johnson.....
Child's Name in Full

.....
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168 - 204 - 034 - 366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St. ..... Registration District No. 19 File No. 101585

Hospital ..... Primary Registration District No. 2015 Registered No. 93

FULL NAME OF CHILD ~~Helen Aurelia~~ SYBIL LORRAINE Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 4th 1922

What bactericidal solution was used in eyes? Argyrol 25 %

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	William Rufus Johnson	FULL MAIDEN NAME	Mary Louise Cook
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Tennessee
OCCUPATION	Barber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6-30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier, M.D.
Rupert, Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Address .....

Filed May 28 1922 E H Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of MINIDOKA }

Certificate No. 101585

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of

for HELEN ~~LORRAINE~~ Aurelia JOHNSON who BORN on MAY 4 1922
(NAME ON CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH) (DATE OF EVENT)

in RUPERT IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)

true facts as shown by SCHOOL RECORD prepared on ~~XXXX~~ 1928, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Helen Aurelia Johnson	Sybil Lorraine Johnson

Subscribed and sworn to before me this FIRST
day of JULY 1942, 19 .....

M A Boyer
~~PROBATE~~ JUDGE
Notary Public, residing at RUPERT IDAHO

My commission expires .....
(SEAL)

Signed Mary L Johnson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rupert Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

K

MAY 2 3 1944

719-118-034-266

PLACE OF BIRTH

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of RFD Rupert, Idaho

No. ..... St.

Registration District No. 19 File No. 101586

Hospital .....

Primary Registration District No. 2015 Registered No. 94

FULL NAME OF CHILD Ira James Garner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 18th 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Evan True Garner	FULL MAIDEN NAME	Gladys Florella Bowen
RESIDENCE	RFD Rupert Idaho	RESIDENCE	RFD Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 42 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier, Physician
(Physician or midwife)

Address Rupert, Idaho

Filed May 28 1922 E H Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1943

789-123-034-291

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St. Registration District No. 19 File No. 101587

Hospital ..... Primary Registration District No. 2015 Registered No. 45

FULL NAME OF CHILD Wier Branscome Phibbs
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 23rd 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	John R. Phibbs	FULL MAIDEN NAME	Bertie F. Branscome
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert, Idaho
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	R.R. Hostler	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.05 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rupert Idaho

Filed May 28 1922 E. H. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 15 1965

JUN 4 1943

APR 7 1943

266-225-034-235

PLACE OF BIRTH

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ____ St.

Registration District No. 19

File No. 101588

Hospital ____

Primary Registration District No. 2015

Registered No. 96

FULL NAME OF CHILD Idonna Bowen
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 25th 1922

What bactericidal solution was used in eyes? Argyrol 20% Sol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Henry Bowen	FULL MAIDEN NAME	Sarah Stewart
RESIDENCE	Rupert, Idaho.	RESIDENCE	Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Cream dealer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho

Filed May 28 1922 Ella Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1942

452-227-034-753

PLACE OF BIRTH

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of _____

No. _____ St.

Hospital _____

Registration District No. 19

Primary Registration District No. 2015

File No. 101589

Registered No. 97

FULL NAME OF CHILD Claudestine Marie Debord

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 27th 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Henry Edward Debold	FULL MAIDEN NAME	Virginia Marie Peters
RESIDENCE	R.F.D. Rupert Idaho	RESIDENCE	R.F.D. Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician

(Physician or midwife)

Address Rupert, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 30 1922 A. V. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 13 1952

168-205-034-243

PLACE OF BIRTH

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101590

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 98

FULL NAME OF CHILD Virginia Marie Johns
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 5th 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Henry Johns	FULL MAIDEN NAME	Sarah Bertha E. Bull
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho

Filed May 28 1922 Ett Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-228-034-965

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Registration District No. 19

File No. 101591

Hospital .....

Primary Registration District No. 3015

Registered No. 99

FULL NAME OF CHILD Elizabeth Schenck
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	May 28 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10% Argyrol Sol.

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jacob Schenck	FULL MAIDEN NAME	Maria Roemer
RESIDENCE	Paul,	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Russia Europe	BIRTHPLACE	Russia, Europe.
OCCUPATION	Farmer	OCCUPATION	Hwfe.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. V. Barta
(Physician or midwife)

Address Burley, Ida.

Filed May 30 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1922 D 72-98

891-228-034-789

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. 101592

Hospital

Primary Registration District No. 2015 Registered No. 100

FULL NAME OF CHILD Ruth Hiatt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 28 1922

What bacterioidal solution was used in eyes? 2% Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	William John Hiatt	FULL MAIDEN NAME	Mary Jane Phibbs
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ida Idaho	BIRTHPLACE	Va
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2 30 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Elmore M. D.
(Physician or midwife)

Address Rupert

Filed June 1 1922 E. A. Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

986-111-034-891

PLACE OF BIRTH

RECEIVED JUN 6 1922 BUREAU OF VITAL STATISTICS

CHILDS NAME ADDED 3-19-87 dl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101593

County of Minidoka

City of Rupert

No. ____ St.

Hospital ____

Registration District No. 19

Primary Registration District No. 2015

File No. ____

Registered No. 104

FULL NAME OF CHILD LORN D. RAWSON

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		no	may 11 1922

What bacterioidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME Johan D. Benson	FULL MAIDEN NAME now Rawson Amanda Elliott Hiatt
RESIDENCE Rupert	RESIDENCE Rupert
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10 23 a M. (Born alive or stillborn) **on the date above stated.**

(Signature) E. A. Elmore

M.D. (Physician or midwife)

Address Rupert

Filed May 12 1922 E. A. Elmore Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-25-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 11 2 25 PM '87

State of _____ } ss.
County of _____ }

Certificate No. 101593
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Male (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 11, 1922 (Date of Event)

in Rupert (Minidoka) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Lorn D. Rawson

Subscribed and sworn to before me this 2 day of March, 1987
Notary Public, Sheila Villella
Residing at Rexburg
My commission expires 12-1-88
(Seal)

Lorn D. Rawson
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of LATAH }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of FEBRUARY, 1987.
Notary Public, Lucian Houston
Residing at KENDRICK.
My commission expires 6/21/87
(Seal)

William Wortham Rawson Bro.
Supporting Signature

Juliaetta Ida.
Street Address, City, State

Military Record lists Lorn D Rawson born May 11, 1922 in Rupert, Idaho and was discharged Oct 9,1945. Viewed by V.S.

MAR 19 1987

Record of birth given to family by Dr. Elmore and signed June 4, 1922 lists Lorn D Rawson born May 11, 1922 in Rupert to J.D. Benson and Amanda E Hiatt Rawson. Viewed by V.S.

275-212-035-364

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

[redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of My Pierce

City of Gifford

Registration District No. 92

File No. 101594

No. ..... St.

Primary Registration District No. 2170

Registered No. 48

Hospital .....

FULL NAME OF CHILD Eva May Sperry

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F				yes	5	12	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isl Sperry	Anna Courtney
RESIDENCE	Gifford	Gifford
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Ida	Ida
OCCUPATION	farmer	housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a, M. on the date above stated.

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Filed 6 - 12 1922

E. E. Watts
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 19 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gifford Ida

Street: .....

County: Nez Perce

File Number: 101594

Registration Dist. No.: .....

Date of Birth: May 12th 192?

Sex of Child: Female

Father: Ird Elmer Sperry (Full Name)

Mother: Anna Bell Courtney (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eva May Sperry (Child's Name in Full)

Mrs Anna B. Sperry (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

JUN 16 1944

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

485-203-035-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101595

County of Nezperce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. .....

Hospital St Joseph's Primary Registration District No. 1009 Registered No. 920

FULL NAME OF CHILD Betty Jean Myers
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female			yes	Apr	3	1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jay J. Myers	FULL MAIDEN NAME	Marcia Howell
RESIDENCE	Gifford - Idaho	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson
(Physician or midwife)

Address Clarkston, Wash.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed May 8 1922 Susan E. Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Johnson

OCT 2 8 1942

236-204-035-286

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101596

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

County of Nezperce

City of Lewiston

No. St.

Registration District No. 96 File No.

Hospital St Joseph Primary Registration District No. 1009 Registered No. 921

FULL NAME OF CHILD Mary Frances Bloomquist
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	Apr 4 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Arthur Bloomquist	FULL MAIDEN NAME Louise Shoff
RESIDENCE Deceased	RESIDENCE Lewiston
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Idaho
OCCUPATION Road Salesman	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead, at 3.30 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Bullock
Registrar.

(Signature) E G Braddock
(Physician or midwife)

Address Lewiston, Ida.

Filed May 2 [redacted] Susan E Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 7 1942

AUG 8 1952

866-204-035-639

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101597

County of Nezperce

City of Lewiston

No. 1806 - 9 Ave St.

Registration District No. 96 File No.

Hospital —

Primary Registration District No. 1009 Registered No. 922

FULL NAME OF CHILD Katherine Lorella Hooper
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Apr (Day) 4 (Year) 1922
Female		yes	

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	C E Hooper	FULL MAIDEN NAME	May Oliver
RESIDENCE	Lewiston Ida	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 a.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Breddock
(Physician or midwife)

Address Lewiston, Idaho

Filed May 8 1922 Susan E Bruce
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Wr. Alley.

SEP 0 8 1987

612-106-035-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston, (North)

No. ..... Registration District No. 96 File No. 101598

Hospital ..... Primary Registration District No. 1009 Registered No. 923

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Charles William Wakefield No 1
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	4 - 6 - 1922

What bactericidal solution was used in eyes? 1% $AgNO_3$

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harold Edward Wakefield	FULL MAIDEN NAME	Eva Miller
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Janesville Minn	BIRTHPLACE	Minn
OCCUPATION	Barber	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 10 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician ~~or midwife~~)

Address Lewiston Idaho

Filed May 8 1922 Susan E Bruce
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/17/41. w.h.

493-108-035-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922

County of Nez Perce

City of Lewiston

Registration District No. 96

File No. 101599

No. 1504-main St.

Primary Registration District No. 1009

Registered No. 924

Hospital White

FULL NAME OF CHILD Evelyn Dawn Mitchell

Sex of Child Female ~~Male~~ | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Apr (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Michael John Mitchell	FULL MAIDEN NAME	Estelle Louise Hendershot
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebr
OCCUPATION	Salesman	OCCUPATION	House - Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11.30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar Lee White

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed May 8 1922 Susan E Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1943

OCT 15 1971

SEP 27 1943

369-212
035-492

PLACE [redacted] Form V. S. No. 11-O—[illegible]

BUREAU OF VI[redacted]CS

CERTIFICAT[redacted]

101600

County of Wh Perce

City of Lewiston

Registration District No. 96

File No.

No. 1504-Main St.

Primary Registration District No. 1009

Registered No. 925

Hospital White

FULL NAME OF CHILD Betty Jean Lorang

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr 12 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Peter Lorang	FULL MAIDEN NAME	Hazel Misner
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Genesee, Idaho	BIRTHPLACE	Mich
OCCUPATION	Merchant	OCCUPATION	House - Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or [redacted]) at 11 30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar Lee White

(Physician or [redacted])

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Idaho

Filed May 8 1922 Susan E Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

353-112-035-295

[redacted] OF BIRTH

RECEIVED MAY 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Nezperce
City of Lewiston Ida

No. 1319-11 Ave St.

Registration District No. 96 File No. 101601

Hospital

Primary Registration District No. 1009 Registered No. 926

FULL NAME OF CHILD Frederick Earl Le Clair
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	Apr 12 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred Le Clair	FULL MAIDEN NAME	Olive Kinser
RESIDENCE	Lewiston	RESIDENCE	Same.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho.
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 9:30 PM, at alive M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N Alley
(Physician or midwife)

Address Lewiston, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed May 8 1922 Susan E Bruce
Registrar.

Dr. Alley.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

APR 10 1962

OCT 21 1964

799-113-035-919

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 25 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Nez Perce
City of Lewiston
No. 1026 - 11th Ave St.
Hospital No
Registration District No. 96
File No. 101602
Primary Registration District No. 1009
Registered No. 927

FULL NAME OF CHILD Albert Donald Gregg
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	4-13-1922

What bactericidal solution was used in eyes? 1% Ag NO3 sol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Albert Gregg	FULL MAIDEN NAME Myrtle Rains
RESIDENCE Lewiston Ida	RESIDENCE Lewiston Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 4 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Nev	BIRTHPLACE Mo.
OCCUPATION Contractor	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins
Lewiston Idaho
(Physician ~~or midwife~~)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed May 5 1922 Susan E. Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC
1941

458-113-035-453

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-3[illegible]

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504-Main St.

Hospital White

Registration District No. 96

Primary Registration District No. 1009

File No. 101603

Registered No. 928

FULL NAME OF CHILD James Henry Meyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 13 1922

FATHER

FULL NAME Carl August Meyer

RESIDENCE Fenn, Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Fenn Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Anita DeCourcey

RESIDENCE Fenn, Idaho

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION House-Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive or [illegible] on the date above stated. at 8 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. Wolf

(Physician or [illegible])

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

Filed May 8 1922 Byron E. Bruce

Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 28 1942

DEC 14 1962

615-214-035-619

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of 1504-Main

No. Lewiston St.

Hospital White

Registration District No. 96

Primary Registration District No. 1009

File No. 101604

Registered No. 929

FULL NAME OF CHILD Betty Jean Wann

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Apr 14 1922

FATHER		MOTHER	
FULL NAME	Loran Benton Wann	FULL MAIDEN NAME	Grace M. Warner
RESIDENCE	Lewiston - Idaho	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Missouri	BIRTHPLACE	Colorado
OCCUPATION	Undertaker	OCCUPATION	House-Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 30 p M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar Lee White

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston - Idaho

Filed May 8 1922 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1972

MAR 3 1971

281-25-035-966

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101605

County of Bear Lake
City of Sweetwater
No. ..... St.
Registration District No. 95
File No. .....
Hospital No
Primary Registration District No. 1009
Registered No. 930

FULL NAME OF CHILD Heather Evonne Shangle
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	4/15/1922

What bactericidal solution was used in eyes? 1% sol. Ag NO3

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth one

	FATHER	MOTHER
FULL NAME	Wm. Robert Shangle	FULL MAIDEN NAME Vera Rowland
RESIDENCE	Sweetwater Idaho	Sweet water
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Wy.	Neff, Idaho.
OCCUPATION	Farmer	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Perkins
Preston Idaho
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed May 8 1922 Susan E. Price
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

Boise, Idaho, JUN 19 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sweetwater

Street:

County: Nez Perce

File Number: 101605

Registration Dist. No.: 5-7

Sex of Child: Female

Date of Birth: April 15th 1922

Father: William Robert Shargle (Full Name)

Mother: Vera Beatrice Brown (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leatha Evonne Shargle (Child's Name in Full)

Vera B. Shargle (Signature of Father or Mother)

LED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

JUN 9 1972

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com- l to furnish certified copies of certificates of birth, it is im- nt that the certificates be filed with the BUREAU OF VITAL STATIS- nd the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L85-115-035-291

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

RECEIVED MAY 23 1922 BUREAU OF VITAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 96

File No. 101606

No. 1504 - Main St.

Primary Registration District No. 1009

Registered No. 931

Hospital White

FULL NAME OF CHILD Harold Alden Sheffield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William Jennings Sheffield	FULL MAIDEN NAME	Hazel Louise Kraudelt
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Spokane Wash
OCCUPATION	Farmer	OCCUPATION	House - Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar Lee White

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Idaho

Registrar

Filed May 8 1922 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED MAY 23 1922

County of Nez Perce

City of Lewiston Ida

Registration District No. 96

File No. 101607

No. 1504-Main St.

Primary Registration District No. 1009

Registered No. 932

Hospital White

FULL NAME OF CHILD Lenard Wilbur Jackson

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Apr (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Andrew Jackson	FULL MAIDEN NAME	Hazel May Besaw
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Asotin, Wash	BIRTHPLACE	Minn
OCCUPATION	Labor	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar Lee White

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston - Idaho

Filed May 8 1922 Susan E Bruce

Registrar

Registrar

[redacted]

MAY 10 1949

1/17/41/ EA

182-115-035-682

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF
STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101608

County of Nez Perce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. .....

Hospital St Josephs Primary Registration District No. 1009 Registered No. 933

FULL NAME OF CHILD James Franklin Augusta Hyfee

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4-15-1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ray C. Hyfee	FULL MAIDEN NAME	Bonnie Lee West
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Miss	BIRTHPLACE	North Carolina
OCCUPATION	Banker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11:30 P. M. (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A C Larson

(Physician ~~or midwife~~)

Address Lewiston, Idaho

Give names added from a supplemental report.

....., 19.....

Filed May 8 1922 Owen E Bruce

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

819-96-035-955

PLACE OF BIRTH

AMENDED - NOVEMBER 28, 1949

County of Nez Perce

City of Lewiston

No. 1504 Main St. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 101609

Primary Registration District No. 1009 Registered No. 934

FULL NAME OF CHILD Margaret Annette Harstead

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	April 16 1922

What bacterieidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John I. Harstead	FULL MAIDEN NAME	Lucile Reed
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 P. M. on the date above stated.

(Signature) Edgar L. White

Physician (Physician or midwife)

Address Lewiston, Idaho

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

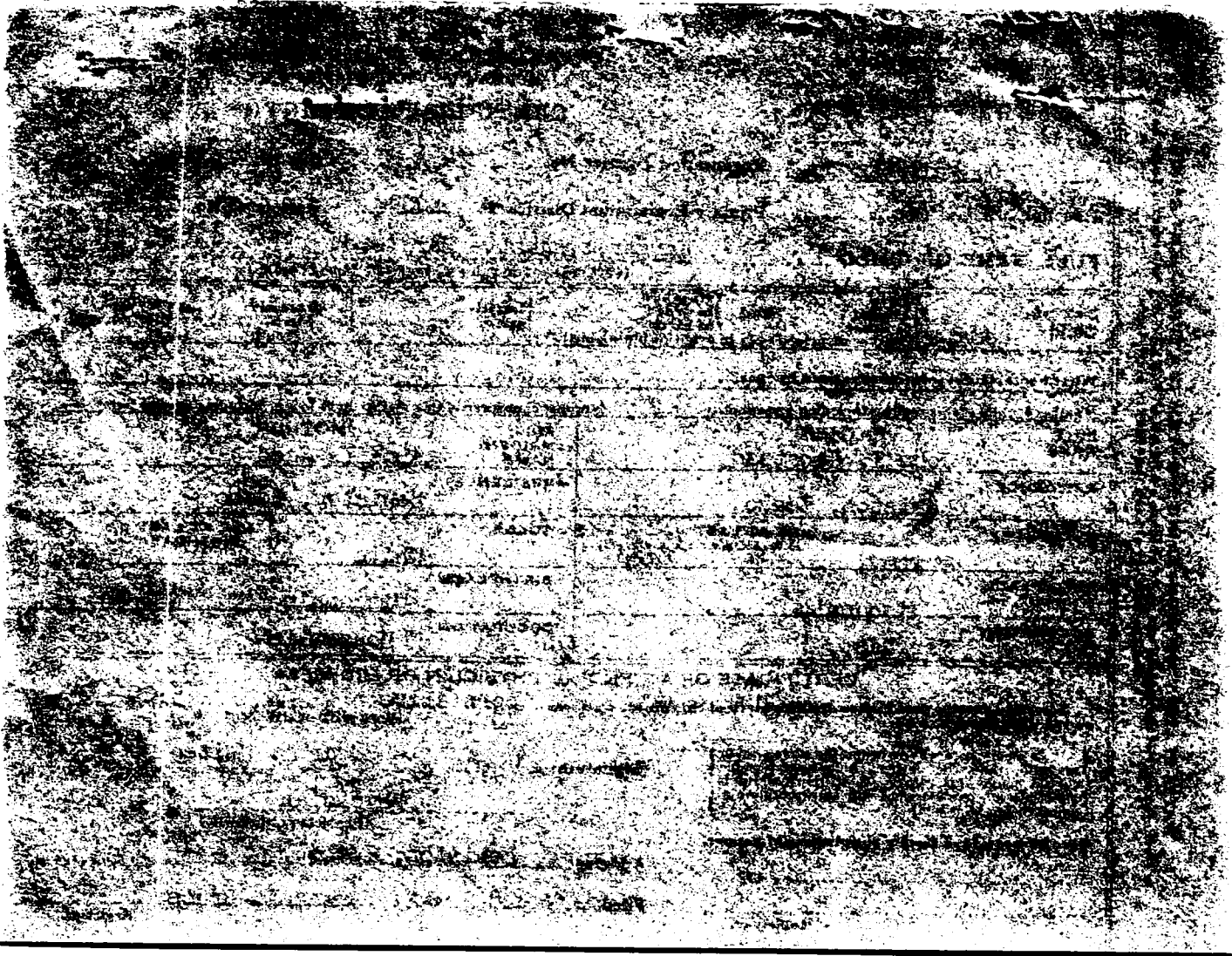
....., 192.....

..... Registrar.

Filed May 8 1922 Susan E. Bruce Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
NOV 25 1949
DIVISION OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Ohio
County of Clark } ss.

Certificate No. 101609

Date Filed Nov 21st 49

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Margaret Annette Harstead (Name on Original Certificate) who born (Was Born or Died) on April 16 1922 (Date of Event)
in Lewiston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism certificate (Bible Record, Insurance Policy, Etc.) prepared on April 2nd 1923. (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Gertrude	Margaret Annette

Subscribed and sworn to before me this 21st day of
November, 1949
Robert B. Parker
Notary Public, residing at Springfield, Ohio
My commission expires August 31, 1952
(Seal)

Signed Mrs. John D. Harstead (Lucille Harstead)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person)
204 Ardmore Rd. Sp Fld. Ohio
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ohio
County of Clark } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of
November, 1949
Robert B. Parker
Notary Public, residing at Springfield, Ohio
My commission expires August 31, 1952
(Seal)

Signed David W. Carter
(Signature of Any Credible Person)
102 Kensington Place
(Street Address, City, State)
Springfield, Ohio

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

81[illegible]-117-035-2[illegible]

PLACE OF BIRTH [illegible] RECEIVED STATE OF IDAHO [illegible]

Form V. S. No. 11-C—25m-9-8-17

Co[illegible]

City of [illegible] Registration District No. [illegible] 96 [illegible] 101610

No. 1921 - 11th Ave. St. Primary Registration District No. 1009 Registered No. 935

Hospital

FULL NAME OF CHILD Dennis Wayne Hartnett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	4 - 17 - 1922

FATHER		MOTHER	
FULL NAME	T. D. Hartnett	FULL MAIDEN NAME	Jane Bennett
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Iowa
OCCUPATION	Labor	OCCUPATION	House Wife.

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

M. D.
(Physician or midwife)

Given names added from a supplemental report.

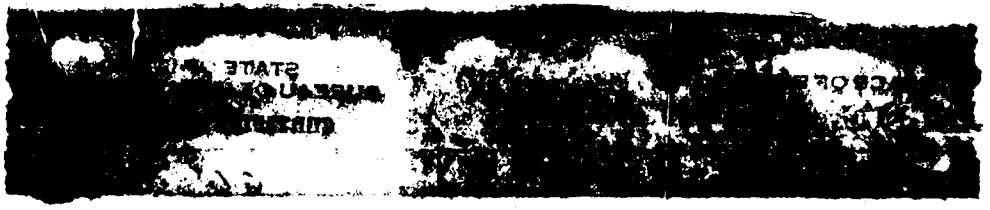
Address Lewiston, Ida.

19

Filed May 8 1922 Susan E. Bruce
Registrar

Registrar

MAY 25 1942



JUL 11 1973

866-218-025-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101611

County of Nezperce

City of Lewiston, Ida.

No. R. D. St.

Registration District No. 96 File No.

Hospital Primary Registration District No. 1009 Registered No. 936

FULL NAME OF CHILD Virginia Ruth Howard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Apr 18 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Kirby Howard	FULL MAIDEN NAME	Olga Keller
RESIDENCE	Lewiston	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 P M. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician ~~or midwife~~)

Address Clarkston, Wn.

Give names added from a supplemental report.

....., 19.....

Filed May 8 1922 Susan E. Bruce
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/30/41

[redacted] 8 8 700

455-221-035-432

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 1922

CERTIFICATE OF BIRTH

County of Nesperce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. 101612

Hospital St Joseph

Primary Registration District No. 1009 Registered No. 937

FULL NAME OF CHILD Flay Janice Denson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Apr 21 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Richard E Denson	FULL MAIDEN NAME	Arlette Fay McKinnon
RESIDENCE	1418-14th Ave Lewiston	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Oregon
OCCUPATION	Cashier Bank	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Clarkston, Wn.

Filed May 8 1922 Susan E Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Johnson

314-221-035-563

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. Rt 2 St.

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 101613

Primary Registration District No. 1009 Registered No. 938

Hospital

FULL NAME OF CHILD Irene Jeanette Laubscher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		3	Yes	4-21 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo Laubscher	Bertha Nolan
RESIDENCE	Lewiston R-2	Lewiston R-2
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Ind.	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 1 a M. on the date above stated.

(Signature) J. M. Lyle

(Physician or midwife)

Address

Filed May 8 1922 Susan E. Bruce
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-122-035-294

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 1922 BUREAU

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 519-11th St. Registration District No. 96 File No. 101614

Hospital Primary Registration District No. 1009 Registered No. 939

FULL NAME OF CHILD Frank Edward Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Apr. 22 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	M. E. Miller	FULL MAIDEN NAME	Myrtle Brust
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laundryman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 1:45 a. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carason

(Physician ~~or midwife~~)

Address Lewiston Idaho

Filed May 8 1922 Susan E Bruce
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/6/40 L. B.

466-223-075-318

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

101615

County of Nez Perce
City of Lewiston
No. 1504 Main St.
Hospital White
Registration District No. 96
Primary Registration District No. 1009
File No.
Registered No. 940

FULL NAME OF CHILD Wilma Belle Moore
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 23 1922

What bacteriocidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Horace Earl Moore	FULL MAIDEN NAME Bell Taylor
RESIDENCE	534 9th Clarkston Wash	534 9th Clarkston Wash
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Morristown N.J.	Hendersonville N.C.
OCCUPATION	Carpenter	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Clark
Physician
(Physician or midwife)
Address Lewiston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 5 1922 Susan E. Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-124-035-819

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101616

County of Nez Perce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. .....

Hospital St. Josephs

Primary Registration District No. 1009 Registered No. 941

FULL NAME OF CHILD Darrell Richard Fellows

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Apr. 24 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: William R. Fellows	FULL MAIDEN NAME: Edna F Hart
RESIDENCE: Culdesac Ida.	RESIDENCE: Culdesac Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Oregon
OCCUPATION: Labour	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2:30 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A C Cairnow

(Physician ~~or midwife~~)

Address Lewiston, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed May 8 1922 Susan E. Bruce

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1947

212-225-035-385

PLACE OF BIRTH

MAY 2 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce County

City of Lewiston East

No. ..... St.

Registration District No. 96

File No. 101617

Hospital .....

Primary Registration District No. 1009

Registered No. 942

FULL NAME OF CHILD Valma Baker
(Certificate of no value without full name of child.)

Sex of Child	~~Twin Triplet~~ or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
female			4	yes	4	25	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Borac acid.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Claus Baker	FULL MAIDEN NAME	Lillian Chew
RESIDENCE	East Lewiston	RESIDENCE	East Lewiston
COLOR	white	COLOR	
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Holland	BIRTHPLACE	Ontario Canada
OCCUPATION	Dairy man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Inman M D
(Physician ~~or midwife~~)

Address Lewiston Idaho

Filed May 8 1922 Susan E Bruce
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1946

369-228-035-559

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101618

County of Nez Perce

City of Lewiston

No. Suburb St.

Registration District No. 95 File No.

Hospital

Primary Registration District No. 1009 Registered No. 943

FULL NAME OF CHILD Blanch Julia Cavanaugh
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 28 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jas A Cavanaugh	FULL MAIDEN NAME	Edith Veraziana
RESIDENCE	Lewiston Idaho	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Washington	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **, at** 10 a **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W Johnson

(Physician or midwife)

Address Clarkston, Wn

Filed May 8 1922 Susan E Bruce
Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Johnson

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

812-129-035-654

PLACE OF BIRTH

RECEIVED MAY 23 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce
City of Lewiston
No. ..... St.
Hospital St Joseph's

Registration District No. 96 File No. 101619
Primary Registration District No. 1009 Registered No. 944

FULL NAME OF CHILD Leo Raymond Hasenauhrl
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4-29-1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Geo Hasenauhrl	FULL MAIDEN NAME	Lena Feucht
RESIDENCE	Sleepy Idaho	RESIDENCE	Sleepy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 a. m. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A L Carson
(Physician ~~or Midwife~~)

Address Lewiston Idaho

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed May 8 1922 Susan E Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 2 6 1970

386-215-036-334

[redacted] OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 20 1922
BUREAU OF VITAL STATISTICS

County of Oneida

City of Malad

Registration District No. 16

File No. 101621

No. ..... St.

Primary Registration District No. 2069

Registered No. 67

Hospital .....

FULL NAME OF CHILD OCHEAN THOMAS

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Apr 15 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward E Thomas	FULL MAIDEN NAME	Stella L McClurg
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Malad	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 430 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Hilton

Physician (Physician or midwife)

Malad

Given names added from a supplemental report.

..... 19.....

Address .....

Filed May 20 1922 R J Maner M.P.

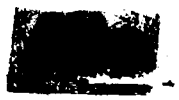
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No. 101621
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Ochean Thomas (Name on original certificate) who was born (Was born or died) on April 15, 1922 (Date of event)
in Malad City Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
birth	April 15, 1922	April 15, 1922
	no name	Ochean Thomas

Subscribed and sworn to before me this 22
day of June, 1942
N. E. Nightingale
Notary Public, residing at Los Angeles Cal.
My commission expires July 10, 1942
[SEAL]

Signed Stella McClung Thomas (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
111 W 73 St Los Angeles Cal.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California } ss.
County of Los Angeles }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22
day of June, 1942
N. E. Nightingale
Notary Public, residing at Los Angeles Cal.
My commission expires July 10, 1942.
[SEAL]

Signed Mary E Knee
(Signature of any credible person other than the previous affiant)
2310 5th St. Santa Monica Cal.
(Street Address, City, State)

Received for filing on JUN 26 1942 by .....
(Registrar's signature)

386-116-036-155

Form V. S. No. 11-C—Rev. 6-5-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 101622

No. ..... St.

Primary Registration District No. 2069

Registered No. 14

Hospital .....

FULL NAME OF CHILD Thomas, Garth Thomas

Sex of Child Male

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth (Month) Apr (Day) 16 (Year) 1922

FATHER	MOTHER
FULL NAME Peter Thomas	FULL MAIDEN NAME Dina Jenkins
RESIDENCE Malad	RESIDENCE Malad
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Malad	BIRTHPLACE Malad
OCCUPATION Farming	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. L. Thomas

(Physician or midwife)

Address Malad

Filed May 26 1922

R. W. Turner M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 19 [illegible]

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Place of Birth — ~~Street~~: R. F. D. #1

Place of Birth — County: Oneida

File Number: 101622

Registration Dist. No.: 2

Sex of Child: Male

Date of Birth: April 14th 192.2.

Father: Peter Thomas (Full Name)

Mother: Cina Jenkins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Thomas Garth Thomas
Child's Name in Full

Mrs. Peter Thomas.
Signature of Father or Mother

APR 3 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

666-217-036-713

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

MAY 26 1922
BUREAU OF VITAL STATISTICS

Registration District No. 26

File No. 101623

No. ..... St.

Primary Registration District No. 2069

Registered No. 69

Hospital .....

FULL NAME OF CHILD Lessore Woozley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Woozley	FULL MAIDEN NAME	Iona Palmer
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed May 25 1922

R. S. Palmer M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 24 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 19 1922 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- ~~City~~ St. John Idaho
- Street .....
- County Oneida

File Number 101623

Registration Dist. No. .....

Sex of Child Female

Date of Birth Apr. 17 1922

Father Edward J. Woozley
Full Name

Mother Iona Palmer
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Leonore Woozley
Child's Name in Full

Edward J. Woozley
Signature of Father or Mother

MAR 20 1969

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

359-217-076-165

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 101624

No. ____ St. ____

Primary Registration District No. 2069 Registered No. 70

Hospital ____

FULL NAME OF CHILD Zetta Leigh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	April 17 22

FATHER		MOTHER	
FULL NAME	Daniel F. Leigh	FULL MAIDEN NAME	Rachel Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 40 a. M. on the date above stated.

(Signature) R. T. Mauer

M. D.
(Physician or midwife)

Address Malad Idaho

Filed May 20 19 22 R. T. Mauer M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
OCT 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street: .....

County: Oneida

File Number: 101624

Registration Dist. No.: .....

Sex of Child: Female

Date of Birth: April 17 192.2

Father: Daniel Jones Leigh (Full Name)

Mother: Rachel Lavella Jones (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alta Leigh

Child's Name in Full

Mrs. Daniel J. Leigh

Signature of Father or Mother

JUN 28 1966

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

154-118-036-285

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAY 26 19[illegible]
BUREAU OF VITAL STATISTICS

101625

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 11

FULL NAME OF CHILD Don Shelton Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 18 22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. L. Anderson	Lizzie Shelton
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	35
BIRTHPLACE	Utah	Utah
OCCUPATION	grain buyer	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) R. T. Mauer
M.D
(Physician or midwife)
Address Malad

Filed May 20 19 22

R. T. Mauer M.D
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

RECEIVED
JUN 24 1922
BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 1 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street: .....

County: Oneida

File Number: 101625

Registration Dist. No. .....

Date of Birth: April 18 192 2

Sex of Child: Male

Father: George L. Anderson (Full Name)

Mother: Elizabeth Shelton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Don Shelton Anderson
Child's Name in Full

Geo L. Anderson
Signature of Father or Mother

JAN 5 1976

735-119-036-815

Form V. S. No. 11-G—2Mm-8-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED MAY 26 1922 BUREAU OF VITAL STATISTICS

Registration District No. 26

Primary Registration District No. 2064

File No. 101626

Registered No. 72

FULL NAME OF CHILD Joseph Frederick Gleed

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr 19 1922

FATHER		MOTHER	
FULL NAME	Joseph Gleed	FULL MAIDEN NAME	Fern A Haviland
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Malad	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed May 28 1922 [illegible] MD

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 19 1922

Boise, Idaho, ... JUN 1 9 1922 ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Malad
- ~~Street~~: P.O. Box 361
- County: Oneida

File Number: 101626

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: April 19, 1922

Father: Joseph Gleed
Full Name

Mother: Fern Ada Haviland
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Joseph Fredrick Gleed
Child's Name in Full

Mrs. Joseph Gleed
Signature of Father or Mother

OVER

APR 8 1964

219-122-036-316

RECEIVED
MAY 26 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 101627

No. ..... St.

Primary Registration District No. 2069

Registered No. 13

Hospital .....

FULL NAME OF CHILD Orrin K. Kartchner Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orrin K Kartchner	FULL MAIDEN NAME	Margaret C. Laws
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Jr (Born alive or stillborn) at 9:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed May 20 1922 F. J. Maner M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

698-220-036-853

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101628

County of Oneida

City of Daniels, Ida

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 74

Hospital

FULL NAME OF CHILD Evelyn Violet Fry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female.		yes	Feb 20 1922

FATHER		MOTHER	
FULL NAME	Wm. J. Fory.	FULL MAIDEN NAME	Violet Hedstrom.
RESIDENCE	Daniels, Id. ~~England~~	RESIDENCE	Daniels Ida. ~~West Va~~
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	England	BIRTHPLACE	West Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 49 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R T Mauer M.D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Malad Idaho.

Registrar

Filed 19

R. T. Mauer M.D
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

475-212-036-217

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. [redacted]

No. ..... St.

Primary Registration District No. 2069

Registered No. 66

Hospital .....

FULL NAME OF CHILD Hatsumi Uyeno

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr 12 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Momokiche Uyeno	FULL MAIDEN NAME	Kumo Kaga
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed May 20 1922 R Maier M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street: .....

County: Oneida

File Number: 101629

Registration Dist. No. .....

Date of Birth: Apr 12 1922

Sex of Child: Female

Father: Monokichi Ueno (Full Name)

Mother: Kuma Koga (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Hatsumi Ueno

Child's Name in Full

Monokichi Ueno

Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

SSS-206-036-342

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 26 1922
BUREAU OF VITAL STATISTICS

County of Oneida

City of Malad

Registration District No. 26

File No. [illegible]

No. ..... St.

Primary Registration District No. 2069

Registered No. 65

Hospital .....

FULL NAME OF CHILD Gern Nielsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Curtis Nielsen	FULL MAIDEN NAME	Ivy Lusk
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

..... 19.....

Filed May 20 1922 [illegible] Maner

..... Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 5 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 19 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Malad
Street: R.F.D. No. 1
County: Oneida

File Number: 101630

Registration Dist. No.: 2

Date of Birth: April 6th 1922

Sex of Child: Female

Father: Parley Curtis Nielsen
Full Name

Mother: Mary Ivy Lusk
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Fern Nielsen
Child's Name in Full

Mrs Curtis Nielsen
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386-104-036-551

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

RECEIVED
MAY 26 1922
BUREAU OF VITAL STATISTICS

Registration District No. 26 File No. 101631

No. ..... St.

Primary Registration District No. 2064 Registered No. 64

Hospital .....

FULL NAME OF CHILD Thurman Edgar Thorpe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 4 1922 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Edgar Thorpe	FULL MAIDEN NAME	Blodwin Evans
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Maurer

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed May 20 1922 R T Maurer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 19

612-221
038-645

PLACE O[redacted]

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101632

County of Owyhee
City of Grand View
No. ____ St.
Hospital

Registration District No. 74 File No. 1
Primary Registration District No. 21 3-1 Registered No. 32

FULL NAME OF CHILD Dorothy Louise Fosler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	April 21 1922

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph Fosler	FULL MAIDEN NAME	Grace Crosby
RESIDENCE	Grand View	RESIDENCE	Grand View
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	California	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Wm. J. Eikenbeck
Physician
(Physician or midwife)
Address Grand View

Filed May 10 1922 W. J. Eikenbeck
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

FEB 4 1953

DEC 9 - 1965

895-102-037-434

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale

RECEIVED
MAR 31 1922
BUREAU OF VITAL STATISTICS

Registration District No. 130 File No. 101633

No. ..... St. ..... Ordinary Registration District No. Homedale Registered No. .....

Hospital .....

FULL NAME OF CHILD Trude Anzo McDowell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M			no	Apr 21 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Denton	FULL MAIDEN NAME	Blanch McDowell
RESIDENCE	unknown	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Or	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	nothing

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M.D.
(Physician or midwife)

Given names added from a supplemental report.

May 1 1922 Address Homedale

Simeon Hopper Registrar

Filed May 1 1922 S Hopper Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1975

271-208-037-659

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Owyhee

City of Homedale

No. ..... St.

Registration District No. 130 File No. 101634

Primary Registration District No. Homedale Registered No.

Hospital .....

FULL NAME OF CHILD Earline Gertrude Sparks

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M			yes	Apr 8 1922

FATHER		MOTHER	
FULL NAME	Roy C Sparks	FULL MAIDEN NAME	Amelia L Weidler
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Okla	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M D
(Physician or midwife)

Given names added from a supplemental report, May 1 1922

Address Homedale

Simeon Hopper
Registrar

Filed May 1 1922

S Hopper
Registrar

295-104-037-315

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101635

PLACE OF BIRTH

County of Bonneville

City of Homedale

Registration District No. 130

File No.

No. ____ St.

Hospital

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD James Winston King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M			yes	Apr	4	1922

FATHER		MOTHER	
FULL NAME	James R King	FULL MAIDEN NAME	Martha Longford
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Kas
OCCUPATION	Truck-driver	OCCUPATION	Hw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hoffpen M.D.
(Physician or midwife)

Given names added from a supplemental report, ____ 19 22 Address Homedale

S Hoffpen
Registrar

Filed May 1 19 22

S Hoffpen
Registrar

FEB 7 1942

FEB 11 1942

239-118-037-862

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101636

County of Owyhee

City of Homedale

Registration District No. 130 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Glenn Mack Stimmel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Apr (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Frank M Stimmel	FULL MAIDEN NAME	Lillian E Foster
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ill	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	Hw

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

20% Arzyro (Signature) Simeon Hopper

MW (Physician or midwife)

Given names added from a supplemental report.

May 1 1922 Address Homedale

S Hopper Registrar

Filed May 1 1922 S Hopper Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 7
BUREAU OF VITAL STATISTICS

... OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 19 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Homedale

Street: .....

County: Owyhee

File Number: 107636

Registration Dist. No. .....

Date of Birth: April 18 1922

Sex of Child: Male

Father: Frank Mathew Stimmel (Full Name)

Mother: Lillian Elizabeth Foster (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Glenn Mack Stimmel (Child's Name in Full)

Lillian E. Stimmel (Signature of Father or Mother)

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-226-037-281

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101637

County of Owyhee

City of Homedale

Registration District No. 130 File No.

No. St.

Primary Registration District No. Homedale Registered No.

Hospital Home

FULL NAME OF CHILD Sadie Ellen Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. W. Smith	FULL MAIDEN NAME	Lucy Shaw
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Warrensburg Mo.	BIRTHPLACE	Cass Co Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1% Ag No3 used

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Booth

M. D.
(Physician or midwife)

Given names added from a supplemental report.

June 1 1922

S Hopper
Registrar

Address Wilder Idaho

Filed June 1 1922

S Hopper
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-107-037-553

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-1

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

101638

County of Ada

City of Boise

Registration District No. 130

File No.

No. St.

Hospital Home

Primary Registration District No. Homedale

Registered No.

FULL NAME OF CHILD William Wendell Bates

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
Male				yes	May 7 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. R. Bates	Audrey Nelson
RESIDENCE	Homedale	Homedale
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	24 (Years)
BIRTHPLACE	Wisconsin	Belgrade Neb
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 12 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] MD

(Physician or midwife)

Given names added from a supplemental report.

June 1 1922

S Hopper
Registrar

Address Wilder Idaho

Filed June 1 1922. S Hopper
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 12 1957

425-209-037-891

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale

Registration District No. 130 File No. 101639

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
FM		yes	May 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Donato Aberuaga	FULL MAIDEN NAME	Engracia Ynaolabeitia
RESIDENCE	Idaho State Penitentiary	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Convict	OCCUPATION	HW

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

MW
(Physician or midwife)

Given names added from a supplemental report.

June 1922 Address Homedale Ida

S Hopper
Registrar

Filed June 1 1922 S Hopper
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

...IT OF PUBLIC WELFARE

JUN 19 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... / Street ..... / County ..... }

File Number .....101639.....

Registration Dist. No. .....

Sex of Child.....Female.....

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

Returned

CVEF

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

995-220
038-189

PLACE OF BIRT[redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payet

No. ..... St.

Hospital .....

Registration District No. 4 File No. 101640

Primary Registration District No. 1008 Registered No. 41

FULL NAME OF CHILD ~~Baby~~ Reiher Kathryn Jane Rieher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Charles Rieher	FULL MAIDEN NAME	Emma Tillie Ahrens
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:45 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McDonald

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Payette Idaho.

Filed May 23 1922. J. C. Woodward Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 1922

JUN 19 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Payette
Street: .....
County: Payette

File Number: 101640

Registration Dist. No. .....

Date of Birth: 20 May 1922

Sex of Child: Female

Father: Charlie Reiher
Full Name

Mother: Tillie E. Ahrens
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Kathryn Jane Reiher
Child's Name in Full

Charlie Reiher
Signature of Father or Mother

AUG 1 9 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

749-210-038 396

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

RECEIVED JUN 1 - 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 4

Primary Registration District No. 1008

File No. 101641

Registered No. 40

Full Name of Child Etta Purvis

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female			yes	May 10 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A Russell Purvis	FULL MAIDEN NAME	Myrtle O Crowley
RESIDENCE	Payette, Idaho	RESIDENCE	Payette, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kentucky	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J Weese MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Ontario, Oregon

Filed May 16/1922 19.....

J C Woodward
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-122-[illegible]-313

Form V. S. No. 11-C—25m-7-21-19

PLACE OF [illegible]

[illegible]TISTICS

County of [illegible] [illegible]BIRTH

City of [illegible] Registration District No. [illegible] File No. 101643

No. ..... St.

Primary Registration District No. 1008 Registered No. 43

Hospital .....

FULL NAME OF CHILD Karl Fuller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 22 1922

FATHER		MOTHER	
FULL NAME	Marvin V. Fuller	FULL MAIDEN NAME	Ruby Lackey
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McDonald

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Payette Idaho

Registrar

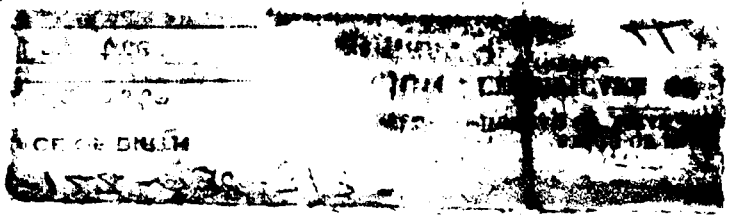
Filed May 30 1922. J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 3 1944



731-183-038-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 6 1922 BUREAU OF VITAL STATISTICS

County of Bannock

City of Near Plymouth

No. ____ St. ____ Registration District No. 5 File No. 101644

Hospital ____ Primary Registration District No. 1009 Registered No. 11

FULL NAME OF CHILD Roy Platz

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	May 3 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Martin Platz	FULL MAIDEN NAME	Mildred Blaydes
RESIDENCE	Near Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebr	BIRTHPLACE	Ore
OCCUPATION	Day laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 4 P— **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale MD

(Physician or midwife)

Address Near Plymouth Ida

Filed ____ 192 ____ Wm J. Drysdale
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB [illegible]

381-105-038-955

PLACE OF BIRTH

RECEIVED JUN 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth

No. R F D r St.

Registration District No. 5

File No. 101645

Hospital

Primary Registration District No. 2009

Registered No. 12

FULL NAME OF CHILD Harold Eugene Chadwick
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	May 5 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Ward J. Chadwick	FULL MAIDEN NAME Elizabeth Reese
RESIDENCE New Plymouth Ida	RESIDENCE with husband
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Nebr.	BIRTHPLACE Ohio
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 5 born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D

(Physician or midwife)

Address New Plymouth, Ida

Filed 5/6 1922 Wm J. Drysdale Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 6-12-41 PBA

454-215-038-53

PLACE OF BIRTH

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101646

County of Payette BUREAU OF VITAL STATISTICS

City of New Plymouth

No. ..... St. Registration District No. 6 File No. ....

Hospital ..... Primary Registration District No. 2009 Registered No. 13

FULL NAME OF CHILD Mary Anna Deissen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	May 15 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Paul Deissen	FULL MAIDEN NAME	Cora Cliff
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Germany.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Wm J. Drysdale M D

(Physician or midwife)

Address New Plymouth Ida

Filed 5/16 1922 Wm J. Drysdale
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 30 1970

445-202-039-234

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Power

City of American Falls — Registration District No. 25 — File No. 101647

No. ..... St. — Primary Registration District No. 2072 — Registered No. 382

Hospital .....

FULL NAME OF CHILD Esther Mueller

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.				Yes	Feb. 2nd 22

	FATHER	MOTHER
FULL NAME	Gottfried Mueller	FULL MAIDEN NAME Lydia Struckel
RESIDENCE	American Falls	American Falls
COLOR	White	White
AGE AT LAST BIRTHDAY	38 (Years)	31 (Years)
BIRTHPLACE	Russia	Russia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gottfried Mueller
Father
(Physician or midwife)

Address American Falls Idaho

Given names added from a supplemental report.

....., 19.....
Registrar

Filed 5-6-1922 Richard L. Nott
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 16 1942

748-221-039-731

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

RECEIVED
1922
BUREAU OF VITAL STATISTICS

Registration District No. 25

File No. 101648

No. ..... St.

Primary Registration District No. 2072

Registered No. 383

Hospital .....

FULL NAME OF CHILD Dorothy Wanona Guy

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate	Date of Birth (Month) (Day) (Year)
Fem.			Yes	April 21 1922

FATHER		MOTHER	
FULL NAME	Emry William Guy	FULL MAIDEN NAME	Minnie Olmfield
RESIDENCE	American Falls,	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	..... (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard T. Nott, Physician

(Physician or midwife)

Address American Falls

Filed 5-6-1922 Richard T. Nott Registrar

Given names added from a supplemental report.

.....19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-15-41

847-223-035-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Power

City of American Falls

RECEIVED [illegible] 1922 VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 101649

No. ..... St.

Primary Registration District No. 2072 Registered No. 384

Hospital .....

FULL NAME OF CHILD Clara L. Hughes

Sex of Child Fem. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate Yes | Date of Birth April (Month) 23 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Leon Hughes	FULL MAIDEN NAME Louise Nellie Mattingly
RESIDENCE American Falls	RESIDENCE American Falls, Idaho
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
COLOR White	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Indiana
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard T. Nolte

(Physician or midwife)

Address American Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-6 1922 Richard T. Nolte Registrar

MAY 6 1943

437-119-039-456

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

101651

County of Powe

City of American Falls

Registration District No. 25 File No. 8

No. ..... St.

Primary Registration District No. 2072 Registered No. 386

Hospital .....

FULL NAME OF CHILD Charles Estle McGlothen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Two	Yes	Feb 19 1922

	FATHER	MOTHER
FULL NAME	William Belford McGlothen	FULL MAIDEN NAME Elnora C DeWitt
RESIDENCE	American Falls Idaho	RESIDENCE American Falls
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE Washington
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan
Physician
(Physician or midwife)

Address American Falls, Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 5-8 1922 Richard L. Roth
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1928 - 3[illegible]

813-125-039-363

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922

CERTIFICATE OF BIRTH

101652

County of Power

City of American Falls

Registration District No. 25 File No. 8

No. ..... St.

Primary Registration District No. 2072 Registered No. 387

Hospital .....

FULL NAME OF CHILD Delane Martin Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Ove	Yes	Feb 25 1922

FATHER		MOTHER	
FULL NAME	Harold Martin Hall	FULL MAIDEN NAME	Lelia Mary Colson
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Montana	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address American Falls

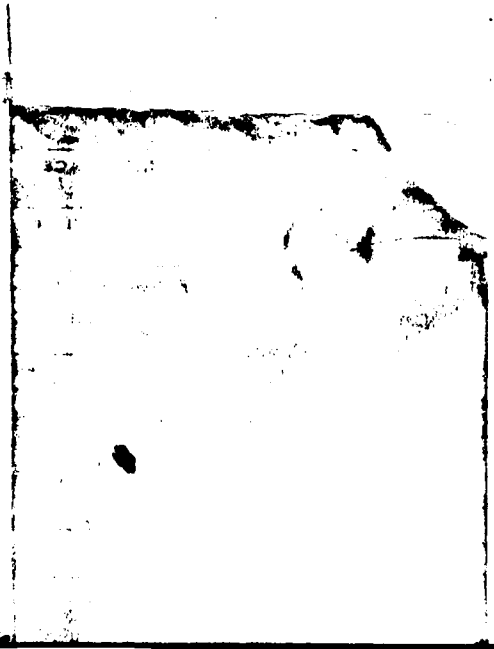
Filed 5-8 1922 Richard L. Noth
Registrar

: MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 24 1955



279-224-039-893

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

County of Power

CERTIFICATE OF BIRTH

City of Amer. Falls

Registration District No. 25 File No. 101653

No. ..... St.

Primary Registration District No. 2072 Registered No. 388

Hospital .....

FULL NAME OF CHILD Betty Lou Sprague

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
female			3	yes	Mch 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben F Sprague	FULL MAIDEN NAME	Elizabeth Hillhouse
RESIDENCE	Am Falls	RESIDENCE	Am Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sheffield Ill	BIRTHPLACE	Rockland Idaho
OCCUPATION	Insurance Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Lecan

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Am Falls

Filed 5-8 1922 Richard L. Nott Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 11 1973

133-127-039-864

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101654

County of Power

City of Amer. Falls

Registration District No. 25 File No. 8

No. ..... St.

Primary Registration District No. 2072 Registered No. 389

Hospital .....

FULL NAME OF CHILD Homer Leroy Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	Yes	Mch 27 1922

FATHER		MOTHER	
FULL NAME	Chas Clarence Allen	FULL MAIDEN NAME	Josephine Leona Houdyshell
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	American Falls Ida.	BIRTHPLACE	American Falls Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Am Falls.

Filed 5 8 1922 Richard J. Nott
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-105-039-113

Form V. S. No. 11-C—25m-7-21-19

RECEIVED JUN 1 192 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of

Registration District No. 21

File No. 101655

No. St.

Primary Registration District No. 2072

Registered No. 394

Hospital

FULL NAME OF CHILD Clarence Robinson Forbes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			3	yes	May 5 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Vernal Forbes	Vera Lucy Jackson
RESIDENCE	Roy Idaho	Roy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	27 (Years)
BIRTHPLACE	Washington	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. G. Logan

Physician

(Physician or midwife)

Address Murphy Idaho

Given names added from a supplemental report.

19

Registrar

Filed 6-5 1922 R. F. North.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-103-039-649

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101656

County of Power

City of American Falls

Registration District No. 25 File No.

No. St.

Primary Registration District No. 2072 Registered No. 393

Hospital Bethany

FULL NAME OF CHILD Robert Eugene Freiling

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	One (To be answered only in event of plural births)	Yes	May (Month) 3rd (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Theodore Freiling	FULL MAIDEN NAME	Virginia Hellen Turner
RESIDENCE	American Falls Idaho	RESIDENCE	American Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address American Falls

Filed 6-5 1922 R. F. Noth Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1961

964-123-039-462

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

County of Power

City of American Falls

Registration District No. 25

File No. 8

No. ..... St.

Primary Registration District No. 2072

Registered No. 392

Hospital .....

FULL NAME OF CHILD Naoma Lucille

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	May 23 1922

FATHER		MOTHER	
FULL NAME	Floyd William Romine	FULL MAIDEN NAME	Martha Doby
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Nebraska	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noch

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 6-5 1922 R F Noch

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1971

844-111-039-819

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

JUN [illegible] 192[illegible]

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101659

*County of Power

City of Arbon

Registration District No. 25 File No. 8

No. ____ St.

Primary Registration District No. 2072 Registered No. 390

Hospital ____

FULL NAME OF CHILD Jesse Warren Humphrey

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	yes	April 11 1922

	FATHER	MOTHER
FULL NAME	Horace W Humphrey	Maggie Hargett
RESIDENCE	Crystal Idaho	Crystal Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Washington	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive April 11, at 12 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) Mrs Bruce Pett

Trained nurse
(Physician or midwife)

Address Arbon Idaho

Filed 6-1- 1922 R. T. Nott
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of [redacted]

[redacted] BIRTH

101660

City of Wallace

366-201-840-251

No. ....., ... St.

Registration District No. 70

File No. .....

Hospital Wallace

Primary Registration District No. 1011

Registered No. 4

FULL NAME OF CHILD Margaret Branscombe Cook

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female			I	Yes	1 - 1 (Month) (Day) 1922 (Year) 12:30 P.M.

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Albee Cook	FULL MAIDEN NAME	Mary Margaret Boag
RESIDENCE	~~Burke~~ Dead	RESIDENCE	~~Burke~~ Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Winfield Iowa	BIRTHPLACE	Detroit Michigan
OCCUPATION	Farmer of Hacla Mng Co	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of [redacted] who was Born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending ph[redacted] midwife, then the father, householder, e[redacted] make this return. A stillborn child is [redacted] neither breathes nor shows other evide[redacted] after birth.

(Signature) [signature] M.D.

(Physician or Midwife)

Given names added from a supplement[redacted]

Address .....

Filed Jan 30 1922 F L [signature]

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

[redacted]

JUL 22 1949

296-104-040-575

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101[illegible]

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. St.

Primary Registration District No. 10.11

Registered No. 5

Hospital Wallace

FULL NAME OF CHILD Harry Junior Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1	Yes	Jan (Month) 1 (Day) 1922 (Year) 2:30 P.M.

FATHER		MOTHER	
FULL NAME	Harry James Brown	FULL MAIDEN NAME	Myrtle Mary Venning
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Logan City Utah	BIRTHPLACE	Bourne Oregon
OCCUPATION	Business Man	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary T. Jones

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Jan 30 1922 F L [illegible]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

865-115-040-653

PLACE OF BIRTH

RECEIVED
MAY 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101662

County of Shoshone
City of Wallace
No. 15 Cottage Row
Registration District No. 70
File No.
Hospital —
Primary Registration District No. 101
Registered No. 6

FULL NAME OF CHILD RICHARD ELWOOD Young
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	No	2nd	Yes	Jan 15 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth

	FATHER	MOTHER
FULL NAME	Elmo Young	Agnes Markham
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY	41 (Years)	23 (Years)
BIRTHPLACE	Oregon	Kansas.
OCCUPATION	Miner	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. [illegible]
Physician
(Physician or midwife)

Address Wallace Ida

Filed Jan 30 1922 J. L. Jones
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Shoshone } ss.

Certificate No. 101662

Date Filed

"The undersigned does solemnly swear that certain facts on the certificate of Richard Elwood Young (Birth or Death) for (Name on Original Certificate) who was born on January 15, 1922 (Was Born or Died) (Date of Event) in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Richard Elwood Young

Subscribed and sworn to before me this 30th day of July, 1942

Elaine M. Ryan
Notary Public, residing at Wallace Idaho

My commission expires 2/4/45
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Shoshone } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of July, 1942

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 3 1942

JUN 1 0 1975

AUG 5 1942

249-218-040-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101663

County of Shoshone

City of Wallace

No. ..... St.

Registration District No. 70

File No. .....

Hospital Providence

Primary Registration District No. 1011

Registered No. 7

FULL NAME OF CHILD Lived only 40 min
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin and	7	Yes	Jan 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? [redacted] Myrolis

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Arthur F. Smith	FULL MAIDEN NAME	Thellie Andrews
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Mississippi
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Des Mowery
Physicians
(Physician or midwife)

Address Wallace Ida

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Jan 20 1922 F L Zinsey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

969-129-0410-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101665

County of Shoshone RECEIVED
City of Burke MAY 23 1922
No. BUREAU OF VITAL STATISTICS Registration District No. 70 File No.
Hospital Primary Registration District No. 10 11 Registered No. 9

FULL NAME OF CHILD Herbert ~~HENRY~~ Zoret
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One (To be answered only in event of plural births)	2nd	Yes	Jan 29 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Henry Zoret	FULL MAIDEN NAME	Mary DeZoni
RESIDENCE	Burke Ida.	RESIDENCE	Burke Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2 30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D R Mowery
Physician
(Physician or midwife)

Address Wallace Ida

Filed Feb 10 1922 T L Jenkins
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

REASONS
USED FOR EACH CHILD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Shoshone } ss.

Certificate No. 101665

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Herbert Henry Zoret (Name on Original Certificate) who was born (Was Born or Died) on January 29, 1942 (Date of Event)
in Burke Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on June 1 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Herbert Wm. Zoret	Herbert Henry Zoret

Subscribed and sworn to before me this 3rd day of March, 1942

Notary Public, residing at Burke Idaho

My commission expires November 1 1942
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Shoshone } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 1942

Notary Public, residing at Burke Idaho

My commission expires November 9, 1942
(Seal)

Signed Frank Brol
(Signature of Any Credible Person Other Than Previous Year)

Burke Idaho
(Street Address, City, State)

MAR 19 1932

753-111-040-653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Wallace

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 1[illegible]

Registration District No. 70 File No. 10[illegible]666

Primary Registration District No. 1011 Registered No. 10

FULL NAME OF CHILD Leslie Merrill Pettijohn

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		[illegible]	Feb 11 1922 4:20 a.m.

FATHER		MOTHER	
FULL NAME	Clifford Frank Pettijohn	FULL MAIDEN NAME	Mabel Bessie Wellman
RESIDENCE	Wallace Idaho.	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Dana Indiana	BIRTHPLACE	Galena Kansas.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan at 4:20 a.m. on the date above stated.
(Born alive or stillborn)

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

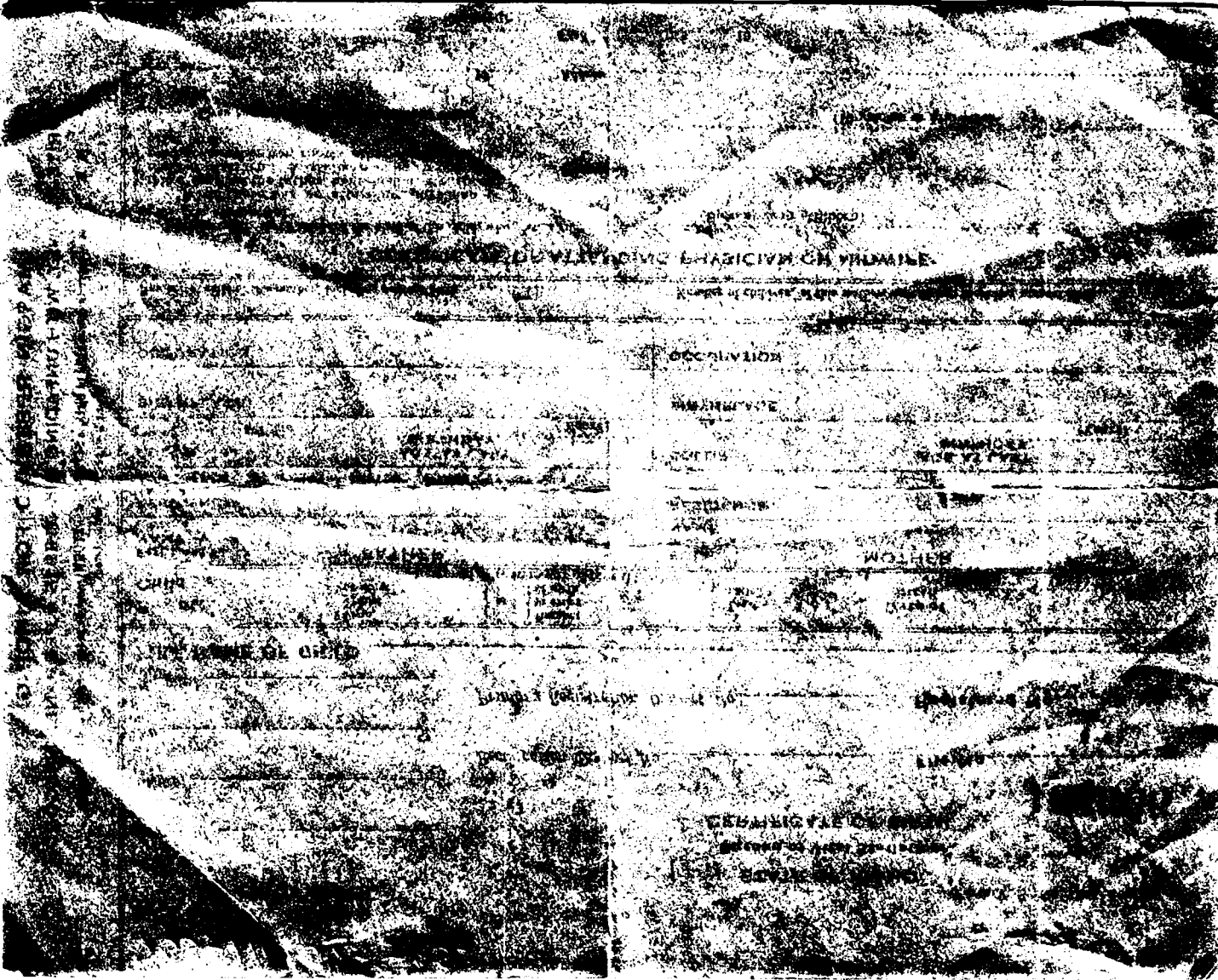
Address

Filed Feb 28 1922 F. L. [illegible]

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826



617-111-040-433

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Shoshone

CERTIFICATE OF BIRTH

City of

Registration District No. 70

File No. 101667

No. St.

Primary Registration District No. 1011

Registered No. 2

Hospital

FULL NAME OF CHILD Gordon Allen Wagoner

Sex of Child	Twin Triplet or other (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One and Number in order of birth	Y	Jan 11 1922

FATHER		MOTHER	
FULL NAME	John Wagoner	FULL MAIDEN NAME	Anna McCoy
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Wis
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettmann

(Physician or midwife)

Given names added from a supplemental report.

19

Address Burke Ida

Registrar

Filed June 30 1922 W F L Fields Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 101667
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Gordon Allen Wagoner (Name on original certificate) who was born (Was born or died) on January 11, 1922, (Date of event) in Burke, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by statement of father (Bible record, insurance policy, etc.) prepared on December 9, 1941, (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Wagner	Wagoner
(Gordon Allen)		

Subscribed and sworn to before me this 9th day of December, 19 41.
Florence Hine
Notary Public, residing at Spokane, Washington
My commission expires Mar. 7, 1943
[SEAL]

Signed John Wagoner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (Father)
3803 W. Hoffman Ave.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19
Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 2 3 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RECEIVED

STATE OF IDAHO

County [redacted]

City of ..... Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. 104 Registered No. 11

Hospital Prov. H

FULL NAME OF CHILD Alva Linson Shope

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Feb (Day) 12th (Year) 1922
Male		Yes	

FATHER		MOTHER	
FULL NAME	Alva Lee Shope	FULL MAIDEN NAME	Hecla Elizabeth Edwards
RESIDENCE	Osburn road	RESIDENCE	Osburn
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Minnesota	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb 12th 1922 at 8 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Stone M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Feb 26 1922 F L Tuttle

Registrar

Registrar

S-Y CO., 16670

FEB 2 7 1975

396-205-040-799

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101669

County of Shoshone
City of Wallace
No. ..... St. ..... Registration District No. 10 File No. .....
Hospital Providence Primary Registration District No. 691 Registered No. 712

FULL NAME OF CHILD Helen Mae Trowbridge
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	No	3rd	Yes	March 5 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Burke Trowbridge	FULL MAIDEN NAME Ethel Prichard
RESIDENCE	Wallace Ida	RESIDENCE Wallace Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Wallace Ida	BIRTHPLACE Osborne Kan
OCCUPATION	Rancher	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. Mowry
Physician
(Physician or midwife)

Address Wallace Ida

Filed Mar 28 1922 T L Hunter
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

APR 26 1944

735-212-040-466

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Sunset

No. ..... St.

Hospital .....

Registration District No. 70 File No. 101670

Primary Registration District No. 10 4 Registered No. 13

FULL NAME OF CHILD Eileene Lenore Pledger
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	5th	Yes	[illegible] 12 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Walter Pledger	FULL MAIDEN NAME	Mattie Mowlds
RESIDENCE	Sunset Ida	RESIDENCE	Sunset Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:49 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Address Wallace Ida

Filed Jan 28 1922 F L Jenny
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

Boise, Idaho, JUN 1 0 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sunset Idaho

Street: .....

County: Shoshone

File Number: 101670

Registration Dist. No.: 29

Date of Birth: February 12 192 2

Sex of Child: Female

Father: Walter Pledger (Full Name)

Mother: Mattie Grace Mo (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eillene Lenore Pledger (Child's Name in Full)

Mattie Pledger (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
D FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.
It establishes legally the date of the child's birth, parentage itimacy.

It enables the Public Health Nurse to make sure the child has otected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

- The correct age for purposes of school attendance.
- Employment.
- Protection under the law.
- Military and jury duty.
- Right to travel unmolested in foreign lands.
- Right to vote.
- Right to receive pensions and inherit property.
- Furnishes acceptable evidence of genealogy.
- Right to get married.
- Just at this time while many of the Ex-Service men are com- o furnish certified copies of certificates of birth, it is im- that the certificates be filed with the BUREAU OF VITAL STATIS- the same completed by furnishing the name of the child.

olds

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

815-117-040-213

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

Registration District No. 70

Primary Registration District No. 104

File No. 101671

Registered No. 14

FULL NAME OF CHILD John Wallace Yanziek

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		1	Yes.	Feb. 17 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Yanziek	FULL MAIDEN NAME	Dorothy Albertha Baldwin
RESIDENCE	Mullan Ida.	RESIDENCE	Mullan Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Hazelton Penn.	BIRTHPLACE	Wallace Idaho
OCCUPATION		OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Feb 28 1922 F L [illegible]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

438-219-040-314

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

Registration District No. 70

Primary Registration District No. 1011

File No. 101672

Registered No. 15

FULL NAME OF CHILD Maxine Jean McHarness

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	5	Yes	Feb 19 1922 9:50 PM

FATHER		MOTHER	
FULL NAME	Louis Earl McHarness	FULL MAIDEN NAME	Mary Emma Ladouceur
RESIDENCE	Burke Idaho	RESIDENCE	Burke Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Pontiac Michigan	BIRTHPLACE	Colville Washington
OCCUPATION	Electrican	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Mary E. Smith at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Feb 28 1922 F L [illegible]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-221-040-219

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

Registration District No. 76 File No. 101673

No. ..... St.

Primary Registration District No. 1 & 4 Registered No. 16

Hospital .....

FULL NAME OF CHILD Frances Gertrude O Rourke

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	One			Y	Feb 21 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George O Rourke	FULL MAIDEN NAME	Frances Barker
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	New foundland	BIRTHPLACE	New foundland
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. A. D Ettman M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Feb 28 1922 F L Hinton

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1972

DECEASED

312-228-040-364

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County Shoshone

City of Wallace

No. ..... St. Registration District No. 76 File No. 101675

Hospital Providence Primary Registration District No. 1011 Registered No. 18

FULL NAME OF CHILD Betty Jane Taber
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One		2nd	Yes	May 20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edwin Taber	FULL MAIDEN NAME	Zarich Toupin
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery
Physicians
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Wallace Ida

Filed May 30 1922 F L Mitchell
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1945

331-103-840-864

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. 311 Elm St. Registration District No. 70 File No. 101676

Hospital Primary Registration District No. 1011 Registered No. 19

FULL NAME OF CHILD William Clark
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	one		3rd	Yes	May 3 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Aaron Joseph Clark	FULL MAIDEN NAME	Hilda Houpt
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Wallace Ida
OCCUPATION	Driver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 00 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowry
Physicians
(Physician or midwife)

Address Wallace Ida

Filed Mch 30 1922 F L Tuttle
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-105-040-345

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

101677

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Wallace

Registration District No. 70

File No. .....

Primary Registration District No. 104

Registered No. 20

FULL NAME OF CHILD Charles Edward Avery

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	March 5 1922 (Month) (Day) (Year) 2 am

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Cyrus Avery	FULL MAIDEN NAME	Mila Ann Hunt
RESIDENCE	Kingston Idaho	RESIDENCE	Kingston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Bingonton New York	BIRTHPLACE	Lincoln Nebraska
OCCUPATION	Logger	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed March 30 1922 [signature]

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

419-208-040-793

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Registration District No. 10

File No. 101678

Hospital Providence

Primary Registration District No. 1911

Registered No. 21

FULL NAME OF CHILD Laura Elizabeth Darcey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One		1st	Yes	Mar 8 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John William Darcey	FULL MAIDEN NAME	Ellen Laura Gill
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wardner Ida	BIRTHPLACE	Killyard Wy
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Mowery
Physicians
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida.

....., 19....

Filed Mar 30 1922

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 0 1972

842-109-040-285

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Registration District No. 76

File No. 101679

Hospital Providence

Primary Registration District No. 1011

Registered No. 22

FULL NAME OF CHILD Parkman Sherman Huston
(Certificate of no value without full name of child!)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One		1st	Yes	May 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Prophylactic

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George Huston	FULL MAIDEN NAME	Anna Sherman
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Idaho	BIRTHPLACE	Rossland B.C.
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 9:00 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida.

....., 19....

Filed Mar 20 1922 F. L. [illegible]
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-209-040-534

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101680

County of Shoshone
City of Wallace
No. St.
Hospital Providence

Registration District No. 70
File No.
Primary Registration District No. 1021
Registered No. 23

FULL NAME OF CHILD ~~Mary~~ Thomas
Frances Mae (Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	3rd	Yes	May 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Robert O. Thomas	FULL MAIDEN NAME	Bessie Alredge
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wales Eng	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida

..... 19....

Filed Mar 30 1922 F L Jones
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

217-113-040-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101681

County of Shoshone
City of Wallace
No. ..... St.
Hospital Providence
Registration District No. 70
File No. .....
Primary Registration District No. 1011
Registered No. 24

FULL NAME OF CHILD Robert Eugene Sage
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One		1st	Yes	Mar 13 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Eugene W Sage	FULL MAIDEN NAME	Violet Beckett
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wallace Ida	BIRTHPLACE	Australia
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Wallace Ida
Filed Mch 30 1922 F L Tuttle
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

967-213-040-361

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101682

County of Shoshone

City of Wallace

No. 1st St. Registration District No. 70 File No.

Hospital — Primary Registration District No. 104 Registered No. 25

FULL NAME OF CHILD Alva Loreen Rogers
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	3	Yes	Mar 13 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Harry L Rogers	FULL MAIDEN NAME	Eva Coates
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Texas
OCCUPATION	Co. Auditor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 40 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida

....., 19....

Filed Mar 30 1922 F L Tinsley
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

692-215-040-286

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101683

County of Shoshone

City of Wallace

No. ..... St. Registration District No. 70 File No. .....

Hospital Providence Primary Registration District No. ..... Registered No. 26

FULL NAME OF CHILD Vivian Mary Fisher
(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet or other~~ Twin and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1	Yes	Mar 15 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Arthur L Fisher	FULL MAIDEN NAME	Amanda Shoultz
RESIDENCE	Pine Creek Ida	RESIDENCE	Pine Creek Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Illinois	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 35 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physician
(Physician or midwife)

Address Wallace Ida

Filed Mar 30 1922 F L Fisher
Registrar.

Give names added from a supplemental report.

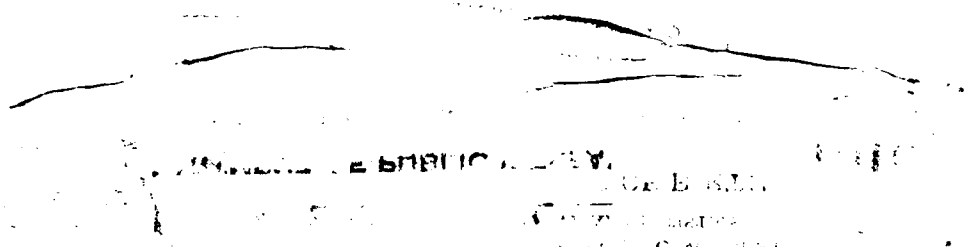
....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Wallace

Street: Providence Hospital

County: Shoshone

File Number: 101683

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: March 15 192 2

Father: Arthur Lynn Shirley Fisher (Full Name)

Mother: Amanda Louise Fredeka Schultz (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Vivian Mary Fisher

Child's Name in Full

Mrs Arthur L. Fisher

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other injections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

692-215-040-286

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU

CERTIFICATE OF BIRTH

County of Shoshone
City of Wallace
No. ..... St.
Registration District No. 70
File No. 101684
Hospital Providence
Primary Registration District No. 10 ct
Registered No. 27

FULL NAME OF CHILD Violet LuEtta Fisher
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth
F	Twin	2	Yes	Mar 15 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Arthur L. Fisher	FULL MAIDEN NAME	Amanda Shoults
RESIDENCE	Pine Creek Ida	RESIDENCE	Pine Creek Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Address Wallace Ida.

Filed Mar 30 1922 F L [illegible]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Ida. ..... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Wallace

Street: Providence Hospital

County: Shoshone

File Number: 1016854

Registration Dist. No. .....

Date of Birth: March 15 1922

Sex of Child: Female

Father: Arthur Lynn Shirley Fisher (Full Name)

Mother: Amanda Louise Fiddreka Schultz (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Violet Lu Etta Fisher

Child's Name in Full

Mrs Arthur L. Fisher

Signature of Father or Mother

...CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

319-220-040-395

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. Cedar St.

Hospital Wallace

Registration District No. 70

File No. 101685

Primary Registration District No. 1001

Registered No. 28

FULL NAME OF CHILD Lempi Katherine Larsen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	One	2nd	yes	March 20 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter Magnus Larsen.	FULL MAIDEN NAME	Lempi Katherine Lindroos
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Michigan
OCCUPATION	Mining Miner.	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max T. Smith

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Mar 20 1922 F L Mudry

Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-227-040-168

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-1-6-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. _____ St.

Hospital Wallace

Registration District No. 10

File No. 101691

Primary Registration District No. 1011

Registered No. 38

FULL NAME OF CHILD Maxine Ellen Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female		1	Yes	Jan 27 (Month) (Day) 12:30 P.M. 1922 (Year)

FATHER	MOTHER
FULL NAME: Roy Oliver Smith	FULL MAIDEN NAME: Ellen Elizabeth Johnson
RESIDENCE: Mullan Idaho	RESIDENCE: Mullan Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Hurand Wisconsin	BIRTHPLACE: Mullan Idaho.
OCCUPATION: Shop Manager	OCCUPATION: House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) James R Bran

(Physician or midwife)

Address Wallace

Apr 30 1922

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SS3-117-040-115

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St. .....

Registration District No. 70 File No. 101693

Hospital ..... Primary Registration District No. 1011 Registered No. 40

FULL NAME OF CHILD Joseph Arthur Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	2/17 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Arthur Nelson	FULL MAIDEN NAME	Delia Jalbert
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mont
OCCUPATION	Millman	OCCUPATION	Hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:25 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean
(Physician or midwife)

Address Wallace

Filed Apr 20 1922 F. L. [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

468-102-040-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. 800 Res St.

Registration District No. 70 File No. 101694

Hospital

Primary Registration District No. 1011 Registered No. 4

FULL NAME OF CHILD George Warren Mohr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	3/2 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	James Mohr	FULL MAIDEN NAME	Eunice D'Arcy
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W AGE AT LAST BIRTHDAY 47 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Minn
OCCUPATION	Janitor	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11.50 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean
(Physician or midwife)

Address Wallace

Give names added from a supplemental report.

....., 19....

Registrar.

Apr 30 1922 F L Tenney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1942

JUL 26 1937

173-111-040-845

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 192 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

Registration District No. 70

Primary Registration District No. 1011

File No. 101695

Registered No. 42

FULL NAME OF CHILD Lawrence Axley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	3/11 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Claudia A. (Jack) Axley	FULL MAIDEN NAME	Dona Queen
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ark.	BIRTHPLACE	Ark.
OCCUPATION	Shifter	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Wallace

Filed Apr 30 1922 F. L. Finley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-217-040-249

Form V. S. No. 11-C—Mm-1-1-18

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 101696

No. Cedar St.

Primary Registration District No. 1041

Registered No. 43

Hospital Wallace

FULL NAME OF CHILD Doris Keister

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
female	One	2nd	Yes	March 17 1922 (Month) (Day) (Year) 6:30 P.M.

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Miller Keister	FULL MAIDEN NAME	Vina Burton
RESIDENCE	Murray Ida	RESIDENCE	Murray Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Murray, Ida
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Brown (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Apr 30 1922 F L [illegible] Registrar

O.P.M.

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 2 1962

JAN 1 5

165-116-040-551

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101697

County of Shoshone

City of Wallace

No. 810 Residence St.

Registration District No. 70 File No.

Hospital

Primary Registration District No. 1011 Registered No. 4

FULL NAME OF CHILD Dorothy Fay Jones
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		yes	4/16 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James H Jones	FULL MAIDEN NAME	Ruth Evans
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W AGE AT LAST BIRTHDAY 16 (Years)	COLOR	W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Deliveryman	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 am M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean.

(Physician or midwife)

Give names added from a supplemental report.

K ....., 19....

Registrar.

Address Wallace

Filed 30 1922 F L Finley

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 11 1944

331-101-040-235

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 25 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101698
45

Registration District No. 70 File No. .....

Primary Registration District No. 1016 Registered No. .....

FULL NAME OF CHILD ~~Roy~~ Le Roi G Clark
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One	1st	Yes	Apr 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Bud Roy Clark	FULL MAIDEN NAME	Margaret Stevens
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Minnesota
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida

..... 19.....

Filed May 1 1922 F L Lundy
Registrar

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1954
AUG 7 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

815-
8

Form [illegible] No. 11-C—10m-8-7-11

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

101699

County of Shoshone

City of Wallace

Registration District No. 70

File No.

No. ....., ... St.

Primary Registration District No. 1011

Registered No. 46

Hospital Wallace

FULL NAME OF CHILD Martin Joseph Hansen Hansen

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	4 (Month) 16 (Day) 1922 (Year) Easter Sunday 2:26 P.M.

FATHER		MOTHER	
FULL NAME	Martin Andrew Hansen	FULL MAIDEN NAME	Eva Elizabeth Staab
RESIDENCE	Mullan, Ida.	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Aspen Colorado	BIRTHPLACE	Cincinnati, Ohio
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 4/16/22 at 2:26 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ronald E. Hanson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Filed May 1 1922 F. L. [illegible]

Registrar

SYMS - YORK CO., PTRS. & SDGS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

101898

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Date of birth	Place of birth	Date of birth

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER

	AGE AT LAST BIRTHDAY	COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of children, of the mother, this living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(Signature of Attendant)

(Signature of Attendant)

389-111-041-863

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ____ St.

Registration District No. 77

File No. 101701

Hospital ____

Primary Registration District No. 2176

Registered No. 52

FULL NAME OF CHILD Leo Wayne Christensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 11 1922

What bactericidal solution was used in eyes? 20% Crygol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

	FATHER	MOTHER
FULL NAME	Orson W. Christensen	FULL MAIDEN NAME Alice Rochester
RESIDENCE	Driggs Ida	RESIDENCE Driggs Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Blacksmith	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10½ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. Martin
(Physician or midwife)

Address Driggs Ida

Give names added from a supplemental report.

....., 19.....

Filed June 1st 1922 Martha Marker
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Driggs

Street:

County: Teton.

File Number: 101701

Registration Dist. No.: 60

Sex of Child: Male

Date of Birth: May 1, 1922

Father: Orson William Christensen (Full Name)

Mother: Laritta Hochstrasser Christensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leo Wayne Christensen

Child's Name in Full

Orson Christensen

Signature of Father or Mother

OVER

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-104-041-493

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

District No. 77

File No. 101702

No. ____ St. ____

Primary Registration District No. 2176

Registered No. 49

Hospital ____

FULL NAME OF CHILD Clyde Lee Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M				yes	May	4	1922

FATHER		MOTHER	
FULL NAME	James Elmer Harris	FULL MAIDEN NAME	Emma Ann Markle
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 0 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) H. H. Culbertson

Physician

(Physician or midwife)

Address Driggs Idaho

Filed June 1st 1922 Martha Marker

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF OHIO

RECEIVED
JUN 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 19 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ..... Fetonia ..... Street ..... County ..... Fetonia .....

File Number ..... 101702 .....

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth ..... May 7 ..... 192..

Father ..... [illegible] ..... Full Name

Mother ..... [illegible] ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... [illegible] ..... Child's Name in Full

..... [illegible] ..... Signature of Father or Mother

OVER

JUN 22 1972
JUL 11 1972

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

893-114-041-759

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101703

County of Fel[illegible]

City of Felt

Registration District No. 77 File No.

No. St.

Primary Registration District No. 2176 Registered No. 48

Hospital

FULL NAME OF CHILD Ralph Henry Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	April 14 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F. D. Hill	FULL MAIDEN NAME	Olga Helen Geraghty
RESIDENCE	Felt, Idaho	RESIDENCE	Felt Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	England	BIRTHPLACE	Roseburg, Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Driggs Idaho

Filed June 1st 1922 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 3 1942

247-208-041-463

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

Registration District No. 77 File No. 101704

No. ..... St.

Primary Registration District No. 2176 Registered No. 47

Hospital .....

FULL NAME OF CHILD L Burton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		yes	May (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Carnel Burton	FULL MAIDEN NAME	Annie Mohn
RESIDENCE	~~Driggs~~ Tetonia	RESIDENCE	Tetonia
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	~~Idaho~~ Utah	BIRTHPLACE	Idaho
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Culbertson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs Idaho

Registrar

Filed June 1st 1922 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Copy of 22-376651

381-217-041-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 101705

County of Teton

City of Driggs — Registration District No. 77

No. ..... St.

Primary Registration District No. 216 — Registered No. 51

Hospital .....

FULL NAME OF CHILD Mary Wilson Chandler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Mar 17 1922

	FATHER	MOTHER
FULL NAME	Albert Chandler	FULL MAIDEN NAME Ruby Wilson
RESIDENCE	Driggs Ida	RESIDENCE Driggs Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years) 29
BIRTHPLACE	England	BIRTHPLACE Wyoming
OCCUPATION	Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

(Signature) Chas. J. Mark

Physician
(Physician or midwife)

Address Driggs, Ida

Filed June 1st 1922 — Martha Marker, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 21 1961

MAY 28 1942

643-205-041-335

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH amended 3/3/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

County of Teton

City of Tetonia

No. ..... St.

Hospital .....

Registration District No. 77 File No. 101706

Primary Registration District No. 2176 Registered No. 50

FULL NAME OF CHILD Sarah Fullmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	May 5 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles M Fullmer	FULL MAIDEN NAME	Gladys E Clements
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	School teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Driggs Idaho

Filed 6/1/ 1922 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-23-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Jefferson } ss.

NOV 29 12 08 PM '79

Certificate No. 101706
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Fullmer (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 5, 1922 (Date of Event)

in Tetonia (Teton) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Sarah Fullmer
Spelling of Sur-name (Fathers)	Fulmer	Fullmer

Subscribed and sworn to before me this 26 day of November, 1979

Notary Public, Don C. Archibald
Residing at Rigby, Idaho
My commission expires Lifetime
(Seal)

Sarah Fullmer Haugh
Sarah Haugh
Signature of Applicant

Rt 4 Box 416, Rigby, Id 83442
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Insurance appliction from New York Life Ins. Co gives name as Sarah Fullmer #18-277-996/ born May 5, 1922 in Tetonia, Idaho. father's name listed as Charles M. Fullmer. dated Nov 4, 1942. viewed by V. S.

Membership record from the LDS Church gives name as Sarah Fullmer child of Charles M. Fullmer and Gladys Clements. born May 5, 1922. in Clawson Idaho. viewed by V. S.

MAR 3 1980

415-222-041-619

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Lemhi

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Dingo

Registration District No. 77

File No. 101707

No. ____ St. ____

Primary Registration District No. 2176

Registered No. 57

Hospital ____

FULL NAME OF CHILD Venus Elvira Daniels.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	May 22 1922

FATHER

FULL NAME: Owen D Daniels

RESIDENCE: Dingo Ida

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Idella May Fairbank

RESIDENCE: Dingo Ida

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 9/ M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas H Martin

Physician

(Physician or midwife)

Address Dingo Ida

Given names added from a supplemental report.

____ 19____

Registrar

Filed June 1st 1922

Martha Mather

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1948

693-103-041-319

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

Registration District No. 77

File No. 101708

No. ..... St.

Primary Registration District No. 2176

Registered No. 56

Hospital .....

FULL NAME OF CHILD Clyde Larsen Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Norman Ross Wilson	FULL MAIDEN NAME	Clve Larsen
RESIDENCE	Driggs, Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10¼ M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Driggs Ida

Filed June 1st 1922 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-230-041-714

PLACE OF BIRTH

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101709

County of Fremont

City of Fremont

No. ..... St.

Hospital

Registration District No. 77 File No.

Primary Registration District No. 2176 Registered No. 55

FULL NAME OF CHILD Helen Duane Phillips

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 30 1922

What bactericidal solution was used in eyes? Crayon 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jed Phillips	FULL MAIDEN NAME	Mary F. Paulson
RESIDENCE	Fremont	RESIDENCE	Fremont Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Myers

Physician

(Physician or midwife)

Address Fremont, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 1st 1922 Martha Marker

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

JUN 15 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Clawson Idaho

Street: .....

County: Teton

File Number: 101709

Registration Dist. No. .....

Date of Birth: May 30th 192.2

Sex of Child: Female

Father: Jedediah Phillips (Full Name)

Mother: Mary F. Poulsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Helen Luana

Child's Name in Full

Mary F. Phillips

Signature of Father or Mother

MAR 27 1946

SEP 10 1965

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

133-220-041-717

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

Registration District No. 77 File No. 101710

No. ..... St.

Primary Registration District No. 2176 Registered No. 54

Hospital .....

FULL NAME OF CHILD Francis Martha Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl Allen	FULL MAIDEN NAME	Lester Parsons
RESIDENCE	Victor, Ida	RESIDENCE	Victor Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Dupuis Ida

Registrar

Filed June 1st 1922 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 1 9 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Victor

Street: .....

County: Teton

File Number: 101710

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Feb 20 1922

Father: Henry Earl Allen (Full Name)

Mother: Esther Sophronia Parsons (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Frances Martha Allen
Child's Name in Full

Mrs. Esther Allen
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

449-103-041-413

PLACE OF BIRTH

[redacted] OF IDAHO

Form V. S. No. 11-C--25m-7-21-19

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101711

County of Idaho

City of Dixie

Registration District No. 77

File No.

No. St.

Hospital

Primary Registration District No. 9176

Registered No. 63

FULL NAME OF CHILD John Ray Kurtschi

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 9 1922

FATHER

FULL NAME John J Kurtschi

RESIDENCE Dixie Ida

COLOR White

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Switzerland

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Luella Dalley

RESIDENCE Dixie Ida

COLOR White

AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Chas H Martin

Physician

(Physician or midwife)

Address Dixie Ida

Filed June 1st 1923

Martha Marker

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/18/41 Z.J.

NOV 12 1943

492-105-041-133

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 19[illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

Registration District No. 77

File No. 101712

No. ..... St.

Primary Registration District No. 2176

Registered No. 46

Hospital .....

FULL NAME OF CHILD Ernest Osborn Mitchell

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	April - 5 19 22

FATHER	MOTHER
FULL NAME Jefferson Mitchell	FULL MAIDEN NAME Florence Allen
RESIDENCE Victor	RESIDENCE Victor
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 A M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. S. Culbertson
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

Filed 5/6/ 1922 Martha Marker
Registrar

Registrar

237-126-041-363

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

Registration District No. 77 File No. 101713

No. _____ St.

Primary Registration District No. 2176 Registered No. 45

Hospital _____

FULL NAME OF CHILD JACK DOUGLAS Blanchard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	April (Month) - 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Wallace Fife Blanchard	FULL MAIDEN NAME	Gladys Cottrell
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Driggs Idaho

Filed 5/6/ 1922 Martha Marker Registrar

_____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 5 - 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Teton }

Certificate No. 101713
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Jack Douglas Blanchard (Name on original certificate) who was born (Was born or died) on April 26, 1922 (Date of event) in Victor, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance policy (Bible record, insurance policy, etc.) prepared on 27th, June 1936 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Jack Douglas Blanchard
Jack Douglas Blanchard		

Subscribed and sworn to before me this 18th, day of December, 19 42.

Notary Public, residing at Victor, Idaho

My commission expires

[SEAL]

Signed Wallace Fifer Blanchard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Victor, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Teton }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of December, 19 42.

L. D. Lauritzen

Notary Public, residing at Victor, Idaho

My commission expires Feb. 7, 1945

[SEAL]

Signed Nellie Johnson
(Signature of any credible person other than the previous affiant)

Victor, Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

JAN 8 1943

259-106-041-819

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101714

County of Driggs

City of Driggs

Registration District No. 77

File No.

No. ____ St.

Primary Registration District No. 3176

Registered No. 44

Hospital

FULL NAME OF CHILD Reed Harris Knight

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	April 6 1922

FATHER

FULL NAME Ruben I. Knight

RESIDENCE Driggs

COLOR W

AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION School Teacher

MOTHER

FULL MAIDEN NAME Violet Emma Harris

RESIDENCE Driggs

COLOR W

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) H. A Culbertson

Physician

(Physician or midwife)

Address Driggs Idaho

Filed 5/6/ 1922 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

737 10,000—3-41

AFFIDAVIT OF BIRTH

JAN 1942

PERSONAL AND STATISTICAL PARTICULARS

Full name of child Reed Harris Knight

Date of birth April 6, 1922

Place of birth Driggs, Idaho

Sex of child Male

Full name of father Reuben LeRoy Knight

Residence at child's birth Driggs, Idaho

Age at child's birth 31

Color or race White

Birthplace Kamas Utah

Occupation at child's birth School Teacher

Full maiden name of mother Violet Louise Harris

Residence at child's birth Driggs, Idaho

Age at child's birth 26

Color or race White

Birthplace Junction - Utah

Occupation at child's birth Home Maker

I hereby certify that I am the Mother of this child, who was born on the da stated.

AFFIANT Violet H. Knigh

ADDRESS Antioch - Cal

Subscribed and sworn to before me this 3rd day of July, 1941.

Gustav A. Schmidt

NOTARY PUBLIC Notary Public.

In and for the County of Alameda, State of California.

My Commission Expires April 26, 1944

JAN 19 1942

.te above

SEP 6 1945
AUG 31 1946
SEP 3 1946

855-231
041-343

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
MAY 23 1932
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

Registration District No. 77

File No. 101715

No. ____ St.

Primary Registration District No. 2176

Registered No. 43

Hospital ____

FULL NAME OF CHILD Gladys Dennie

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	May 31 1911

FATHER		MOTHER	
FULL NAME	Duncan Wayne Dennie	FULL MAIDEN NAME	Leone Call
RESIDENCE	Tetonia, Idaho.	RESIDENCE	Tetonia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell

Midwife (Physician or midwife)

Address Tetonia, Idaho

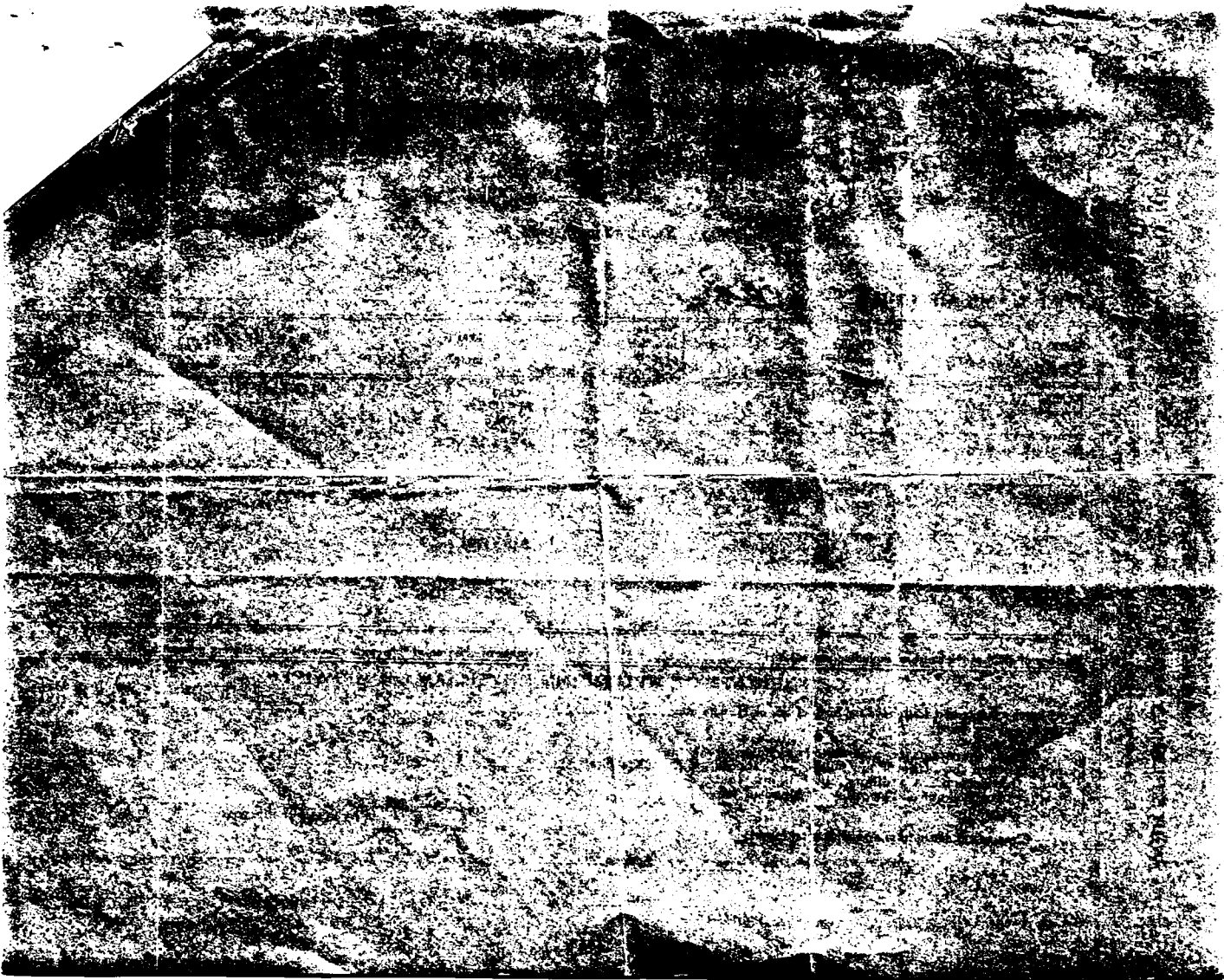
Given names added from a supplemental report.

....., 19.....

..... Registrar

Filed 5/6/ 1932 Martha Marker Registrar

S-Y CO. 24686



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

JUN 19 1922

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Tetonia; Street ..... ; County Teton

File Number 101715

Registration Dist. No. .....

Sex of Child Female

Date of Birth Mar. 31 1922

Father Duncan Wayne Henrie (Full Name)

Mother Leone Call Henrie (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jean Henrie
Child's Name in Full

Mrs Leone C. Henrie
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

281-201-043-243

CE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS BOISE, IDAHO

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Mc Call

Registration District No. 15

File No. 101716

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Eva May Shaw

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	April (Month) 1 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Arthur James Shaw	FULL MAIDEN NAME	Goldie Marie Sult
RESIDENCE	Mc Call	RESIDENCE	Mc Call
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 1130 A m. on the date above stated.

(Signature) Mrs J L. McFall

(Physician or midwife)

Address .....

Filed May 1922

Stella Cain Deputy Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-V-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 1 8 1969

689-202-043-512

PLACE OF BIRTH

County of Valley

City of Mc Call

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101717

Registration District No. 15 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Flora May White

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	April 2 1922

FATHER		MOTHER	
FULL NAME	Joseph Robert White	FULL MAIDEN NAME	Fannie Nasi
RESIDENCE	Mc Call	RESIDENCE	Mc Call
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4:30 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Mrs J L. Mc Faell

(Physician or midwife)

Address .....

Filed May 19 22 Stella Cain
Deputy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 6 19

466-210-043-569

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of

No. St.

Registration District No. 15 File No. 101718

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Mary Townsend
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
f		yes	4 10 1922

What bactericidal solution was used in eyes? Ag No3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harold Townsend	FULL MAIDEN NAME	Lulie Norlem
RESIDENCE	Arling	RESIDENCE	Arling
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ind
OCCUPATION	farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 30 a. M. on the date above stated.

(Signature) G E Boggle

(Physician or midwife)

Address Cascade Ida

Filed May 1922 Stella Cain Deputy Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-130-043-469

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Valley

City of Cascade

No. ..... St.

Registration District No. 15

File No. .....

Hospital .....

Primary Registration District No. .....

Registered No. .....

CERTIFICATE OF BIRTH 101719

FULL NAME OF CHILD Frank Morgan Kerty
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	4 30 1922

What bactericidal solution was used in eyes? Agnos

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Francis Edmond Kerty	FULL MAIDEN NAME	Marion Morgan
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ida	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), **at** 7 30 a. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G Shoggle
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed May 1922 Stella Cain
Deputy **Registrar.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1963
JAN 12 1970

753-125-043-535

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

[redacted]ATE OF IDAHO
[redacted]U OF VITAL STATISTICS

[redacted]ERTIFICATE OF BIRTH

County of Valley

City of McCall

Registration Distr[redacted]15

File No. 101720

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Stanley Alexander Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	March 25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harvey Walter Peterson	FULL MAIDEN NAME	May Elnore Copper
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Miner	OCCUPATION	—

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. L. McFall

(Physician or midwife)

Given names added from a supplemental report.

K ..... 19.....

Registrar

Address .....

Filed May 23 1922

Stella Cain
Deputy Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1942

425-101-043-518

PLACE OF BIRTH

RECEIVED
MAY 31 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of

No. St.

Registration District No. 15

File No. 101721

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Marion Ernest Kellman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	5 1 1922

What bactericidal solution was used in eyes? Ag no 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Loren Kellman	FULL MAIDEN NAME	Mable Vahlberg
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	Wht	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mont	BIRTHPLACE	Ida
OCCUPATION	Forrest Ranger	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Staggle
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address

Filed May 31 1922

Stella Cain
Dep. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1948

OCT 17 1952

P[redacted]

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. 331-203-042-168 St.

Registration District No. 39 File No. 101722

Hospital

Primary Registration District No. 2087 Registered No.

FULL NAME OF CHILD Roberta Clark
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.		yes	5 - 3 - 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Arthur Clark	FULL MAIDEN NAME	Alice Johnson
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl
COLOR	wht.	COLOR	wht.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Mo.	BIRTHPLACE	N. C.
OCCUPATION	Farmer	OCCUPATION	H'scwife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M D
(Physician or midwife)

Address Buhl Ida

Filed JUN 5 1922 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 1 3 1942

818-2065 042-363

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St. Registration District No. 39 File No. 101723

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	5 6 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	L. M. Hayden	FULL MAIDEN NAME	Elva Lockwood
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Buhl Ida

Filed MAY 31 1922 192.. J. H. Dempsey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-207-042-293

PLACE OF BIRTH

amend fathers last name
added childs name

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
2-22-84 dl
City of Buhl

No. ..... St.

Hospital

Registration District No. 31

Primary Registration District No. 2087

File No. 101724

Registered No.

FULL NAME OF CHILD Helen Harriet Tvrdy
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	5-7-192Y

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Frank Tvrdy.	FULL MAIDEN NAME: Mary Kusin.
RESIDENCE: Buhl	RESIDENCE: Same
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 28. (Years)
BIRTHPLACE: Russia.	BIRTHPLACE: U. S.
OCCUPATION: Farmer.	OCCUPATION: Housework.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 8.15 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Filed 5-15 192Y J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-18-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 101724
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Tvirdy (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 7, 1922 (Date of Event)
in Buhl (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Tvirdy	Helen Harriet Tvrdy
fathers last name	Tvirdy	Tvrdy

Subscribed and sworn to before me this 10 day of Jan, 1983.
Notary Public, Gerry Supp
Residing at Wells Nev 89835
My commission expires 4/27/85
(Seal) GERRY SUPP Notary Public - State of Nevada County of Elko Commission expires Apr 27, 1985

X Helen H. Jardine
Signature of Applicant
Box 639 - Wells, Nev
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Nevada
County of Elko

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of Jan, 1983.
Notary Public, Gerry Supp
Residing at Wells Nevada
My commission expires 4/27/85
(Seal) GERRY SUPP Notary Public - State of Nevada County of Elko Commission expires Apr 27, 1985

Supporting Signature
HC #1 - Box 316 - Burley Idaho
Street Address, City, State

1 cc credit

Death Record for Frank Tvrdy who died in Buhl on June 24, 1953 state file #53-2442. Viewed by V.S.

FEB 1984

Death Notice for Thomas Tvrdy who died July 27, 1945 lists one of his surviving relatives as a son Frank Tvrdy. Viewed by V.S.

Family Record dated July 4, 1969 lists Helen Tvrdy Jardine as decendent of Thomas Tvrdy. Viewed by V.S.

Obviously old record lists Helen Harriet Jardine filed fingerprints in compliance with the City ordinance. Occupation listed as Bartender. Viewed by V.S.

617-108-042-993

PLACE OF BIRTH

RECEIVED JUN 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101725

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. .....

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Conrad Bernard Wagner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	5 8 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Wagner	FULL MAIDEN NAME	Annie Richter
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Hungaria	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Shelchusky

Phys.
(Physician or midwife)

Address Buhl Ida

Filed MAY 31 1922 J. H. Wiesfeld
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 101725

DEC 10 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Conrad Wagner (Name on Original Certificate) who was Born (Was Born or Died) on May 8-1922 (Date of Event)

in Buhl Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on May 24 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
middle	omitted	Conrad Bernard Wagner

Subscribed and sworn to before me this 8 day of Dec, 1943.

W. Kuhlmann

Notary Public, residing at Buhl - Ida.

My commission expires July 30 - 1944

(Seal)

Signed Mrs Annie Wagner

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R 2 Buhl Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of Dec, 1943

W. Kuhlmann

Notary Public, residing at Buhl Ida.

My commission expires July 30 - 1944

(Seal)

Signed John J Wagner Jr.

(Signature of Any Credible Person Other Than Previous Year)

R 2 Buhl Ida

(Street Address, City, State)

DEC 13 1943

296-109-042-953

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Buhl
No. ____ St. ____
Hospital ____
Registration District No. 34
Primary Registration District No. 2087
File No. 101726
Registered No. ____

FULL NAME OF CHILD Donald Clinton Kroth
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	5 9 1922

What bacteriolidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Harland Kroth	FULL MAIDEN NAME	alice Peck
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Murphy
(Physician or midwife)
Address Buhl Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed MAY 31 1922 J. F. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUL 14 1922
BUREAU OF VITAL STATISTICS

JUN 19 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street: .....

County: Twin Falls

File Number: 101726

Registration Dist. No. 519

Date of Birth: May 9 1922

Sex of Child: Male

Father: Harland Robert Kroth (Full Name)

Mother: Alpha Pearl Kroth (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Donald Clinton Kroth
Child's Name in Full

Mrs. Harland Kroth
Signature of Father or Mother

APR 1 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD

SEP 7 1949

389-211-042-345

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 101727

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Anna Julia Thiessen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	5 11 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Henry W. Thiessen	FULL MAIDEN NAME	Martha Luetke
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	South Dak.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys.
(Physician or midwife)

Address Buhl Idaho

Filed MAY 31 1922 192 J. H. Murphy
Registrar.

Give names added from a supplemental report.

K ....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P.C. 4/24/41

364-114-042-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Buhl
No. ____ St.
Hospital ____
Registration District No. 39
Primary Registration District No. 2081
File No. 101728
Registered No. ____

FULL NAME OF CHILD Jackie O'Neil Todd
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	5-14 1922

What bacterioidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	R. W. Todd.	FULL MAIDEN NAME	Opal Williams.
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kan.	BIRTHPLACE	Kan.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Filed 5/5 1922 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1970

393-115-042-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls
City of Castleford
No. ..... St.
Hospital
Registration District No. 39
Primary Registration District No. 2087
File No. 101729
Registered No.

FULL NAME OF CHILD Lawerence Leon Lillibridge
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	5 15 1922

What bacteriocidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 3 (Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Earl Lillibridge	FULL MAIDEN NAME Ethel Brown
RESIDENCE castleford	RESIDENCE castleford
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Penn.
OCCUPATION Farmer	OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 01 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. McCluskey
(Physician or midwife)

Address Buhl Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed MAY 31 1922 J. T. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

499-215-042-255

PLACE OF BIRTH

Received JUN 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39

File No. 101730

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Laura Kellen Miracle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	5 15 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Levi K Miracle	Mary E. Bennett
RESIDENCE	Buhl Ida	Buhl Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	52	38
BIRTHPLACE	Kentucky	Kentucky
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Marsh

Physician (Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5-16 1922 J. H. Murphy Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUN 24 19[illegible] BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 19 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Twin Falls

File Number 101730

Registration Dist. No. Don't Know

Date of Birth ... May 15 .....192.2

Sex of Child..... Female

Father Lewis H. Miracle (Full Name)

Mother Mary Elizabeth [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Laura Helen

Child's Name in Full

Lewis H. Miracle

Signature of Father or Mother

MAR 25 1953

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has en protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are called to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

296-217-042-559

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101731

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. .....

Hospital ..... Primary Registration District No. 2987 Registered No. .....

FULL NAME OF CHILD Peggy Jean Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	5 17 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lester E. Brown	FULL MAIDEN NAME	Thail Neilson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	operator on Motion picture machine	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Phyc Clarky
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Buhl Ida

Filed MAY 31 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
DEC 5 1922
BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burke

Street: 7th

County: Twin Falls

File Number: 101731

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 17 1922.

Father: Lester Eugene Brown (Full Name)

Mother: Thirl Esther Nelson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Peggy Joan Brown

Child's Name in Full

Mrs. Lester Brown

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

243-224-042-1

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101732

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 7087 Registered No. .....

FULL NAME OF CHILD Marry Pauline Bulkley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	5 24 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	R. C. Bulkley	FULL MAIDEN NAME	Ava Johnson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. McCluskey
Phys
(Physician or midwife)

Address Buhl Idaho

Filed MAY 31 1922 192 J. F. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1942

PLACE OF BIRTH 667

RECEIVED JUN 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101733

City of Buhl

No. _____ St.

Registration District No. 39

File No. _____

Hospital _____

Primary Registration District No. 2087

Registered No. _____

FULL NAME OF CHILD Dr Witt C. Wearer. Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	5-28 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	D. C. Wearer	FULL MAIDEN NAME	Ila Morley
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Utah.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9.45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M.D.
(Physician or midwife)

Give names added from a supplemental report.

_____, 19____

_____
Registrar.

Address Buhl Idaho.

Filed MAY 31 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1971

BUREAU OF VITAL STATISTICS

County of Twin Falls · JUN 7 1922 · CERTIFICATE OF BIRTH

City of Buhl · BUREAU OF VITAL STATISTICS

No. 129-042-433 St. Registration District No. 39 File No. 101734

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD CLAIR BURDELL REEVES
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	5-19-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Reeves.	Myrtle McClelland
RESIDENCE	Buhl.	Iowa
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40	35
BIRTHPLACE	Iowa.	Kan
OCCUPATION	Ry. Mail Clerk.	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.45 P. M. on the date above stated.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Filed MAY 31 1922 J. H. Murphy
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 101734

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Clair Burdell Reeves

Subscribed and sworn to before me this 26th day of August, 1942

Lewis A Dare

Notary Public, residing at Seattle

My commission expires April 24 - 1946

(Seal)

Signed Mrs Frank Reeves
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4516-6th N. E., Seattle, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of King } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of August, 1942

Lewis A Dare

Notary Public, residing at Seattle

My commission expires April 24 - 1946

(Seal)

Signed Roy J. Correa
(Signature of Any Credible Person Other Than Previous Year)

#923 - Seneca, Seattle, Wash.
(Street Address, City, State)

AUG 29 1942

AUG 3 1 19[illegible]

MAR 25 19[illegible]
DEC 1 1964

595-130-042-363

PLACE OF BIRTH

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101735

County of Twin Falls.

City of Buhl.

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Merrel Lamar Nelson

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes.	5-30 1922

What bacteriocidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	L. M. Nelson	FULL MAIDEN NAME	Lola Collins.
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9.15 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy M.D.

(Physician or midwife)

Address Buhl Ida

Filed MAY 31 1922 J. N. Murphy

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

RECEIVED
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 1 P 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Buhl
- Street: .....
- County: Twin Falls co

File Number: 101735

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: May 30 1922

Father: Lannis Michel Nielson (Full Name)

Mother: Lola Collier (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Merrel Lannis Nielson
Child's Name in Full

Mr Lannis Michel Nielson
Signature of Father or Mother

MAY 2 9 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

JUN 8 1942

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

146-116-042-736

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Buhl

No. ..... St. ..... Registration District No. 39 File No. .....

Hospital ..... Primary Registration District No. 2087 Registered No. .....

CERTIFICATE OF BIRTH

101736

FULL NAME OF CHILD LeRoy Albert Amos
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	5-12-1922

What bactericidal solution was used in eyes? argyrol.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Wm G. Amos	FULL MAIDEN NAME	Bessie Clog
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Ill
OCCUPATION	Merchant	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7.15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Buhl Ida

Filed MAY 31 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REC... JU... 29 1922 BUREAU OF VITAL STATISTICS

IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUL 19 1922

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: BUHL
- Street: .....
- County: TWIN FALLS

File Number: 101736

Registration Dist. No. .....

Date of Birth: May 16 1922

Sex of Child: Male

Father: Wm G Amos
Full Name

Mother: Bessie B Amos
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

LE-ROY ALBERT AMOS
Child's Name in Full

Wm G Amos
Signature of Father or Mother

APR 1942

1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

231-222-042-867

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls, RECEIVED 1922 BUREAU OF VITAL STATISTICS

City of Hansen, No. St. Registration District No. 36 File No. 101737

Hospital home Primary Registration District No. Registered No. 20

FULL NAME OF CHILD Orvilla Stanger
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Apr. 22, 1922

What bacterioidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Lawrence Stanger	FULL MAIDEN NAME	Nellie Hogge
RESIDENCE	Hansen, Ida	RESIDENCE	Hansen, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Apr. 30. 1922 J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-214-042-285

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly,

No. ..... St. ..... Registration District No. 36 File No. 101738

Hospital Home home Primary Registration District No. ..... Registered No. 19

FULL NAME OF CHILD Mary Jane Dunn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Apr. 14 1922

What bacteriecidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Burton William Dunn	FULL MAIDEN NAME: Mary Edith Shearer
RESIDENCE: Hazelton, Ida	RESIDENCE: Hazelton, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Idaho
OCCUPATION: farmer	OCCUPATION: Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Apr. 24, 1922 J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1962
OCT 13 1971

AUG 5 1942

DECEASED

719-202-042-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101739

County of Twin Falls
City of Kimberly,
No. ____ St.
Hospital home

Registration District No. 36
Primary Registration District No. ____

File No. ____
Registered No. 18

FULL NAME OF CHILD Frances VirginiaGarcia
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Apr. 2, 192 2

What bacteriocidal solution was used in eyes? 10 % argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Angel Garcia	FULL MAIDEN NAME	Mary Robles Garcia
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
	Mexican		Mexican
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	laborer	OCCUPATION	BHw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Apr. 12, 1922

J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 9 1968

243-176-042-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls
City of Filer
No. ..... St.
Hospital
Registration District No. 38
Primary Registration District No. 2086
File No. 101740
Registered No.

FULL NAME OF CHILD Not Named
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		yes.	May 16 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jake Dunkett	FULL MAIDEN NAME	Mae Wilson
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Harness Maker	OCCUPATION	Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A. A. Newberry
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 5/26 192 A. A. Newberry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1 1970

415-115-042-295

PLACE OF BIRTH

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. 38

File No. 101741

Hospital

Primary Registration District No. 2086

Registered No.

FULL NAME OF CHILD William Ray Davis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	May 15 1922

What bactericidal solution was used in eyes? Argno 2 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Dewey H Davis	FULL MAIDEN NAME	Nora M Bride
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ohio	BIRTHPLACE	Ida
OCCUPATION	Drayman	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 am M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry
(Physician or midwife)

Address A.A.M.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 6-16 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1957

249-124-042-219

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101742

Registration District No. 38 File No. .....

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Phillip Max Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	May 24 1922

What bactericidal solution was used in eyes? Ag No 3 1%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Geo T. Smith	FULL MAIDEN NAME	Ida Barron
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Kas.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hurj

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 3a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A. A. Newberry
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed 5/24 1922 AAN
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 9 1941
FEB 1 0 1943
APR 7 1987

814-226-042-855

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St. ..... Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 8 1926 BUREAU OF VITAL STATISTICS

Registration District No. 38 File No. 101743

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Verna Velma Hammons

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	May 26 1926

What bactericidal solution was used in eyes? Argo 3 1%.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ed. E. Hammons	FULL MAIDEN NAME	Cora F. Hendricks
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 5/26 1926

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ETC.
EMIRATES

RECEIVED
JUL 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 10 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: .....

County: Twin Falls

File Number: 101743

Registration Dist. No. .....

Date of Birth: May 26 1922

Sex of Child: Female

Father: Eddie Everett Hammons (Full Name)

Mother: Cora Frances Hendrix (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Vernis Velma Hammons
Child's Name in Full

Cora Frances Hammons.
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

255-116-042-333

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 2 - 1927
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101744

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. 38

File No. .....

Hospital .....

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD Leonard Frank Nelson Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	May 16 1927

What bactericidal solution was used in eyes? Argo 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leonard Nelson	FULL MAIDEN NAME	Madge Ritchie
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Colorado	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dr. A. A. Newberry
(Physician or midwife)

Address .....

Filed 5/16 1927 A A N
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 24 1944

895-203-042-653

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

RECEIVED JUN 2 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 101745

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Alva Lucile Hieter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	5 3 1922

What bactericidal solution was used in eyes? agno³ 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Oscar Hieter	FULL MAIDEN NAME	Alva Lucille Wellman
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Kas
OCCUPATION	Lab.	OCCUPATION	Hwfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or [redacted]) 1.40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A. A. Newberry
(Physician or midwife)

Address Filer Ida

Filed 5/3 1922 AAN
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 27 19
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Filer

Street: .....

County: Twin Falls

File Number: 101745

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 3 192 2.

Father: Oscar Adam Hüter
Full Name

Mother: Elsie Lucile Hüter
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Elsie Lucile Hüter
Child's Name in Full

Oscar Hüter
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

353-218-042-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED 28 1922 BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Twin Falls

No. 140 Addison Ave. E St.

Hospital

Registration District No. 37

File No. **101746**

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Martha Ellen Lechleiter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	April (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Frank G. Lechleiter	FULL MAIDEN NAME	Mary Chandler
RESIDENCE	Twin Falls, Id.	RESIDENCE	Twin Falls
COLOR	American	COLOR	American
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Lincoln, Illinoise	BIRTHPLACE	Grand Junction, Iowa.
OCCUPATION	Sect. of Building & Loan Association	OCCUPATION	Housewife

Number of child of this mother, including present birth Six

Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.55 pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho.

Filed May 9 1922 John T. Dougherty

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 29 1922
BUREAU OF VITAL
STATISTICS

JUL 1 1922

Boise, Idaho, ... 192.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital impo ance to have the full name included in the record. Kindly fill in the information requested in the blank bel and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: .....

County: Twin Falls

File Number: 101746

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Apr. 18 192.

Father: Frank Geo Lechleiter (Full Name)

Mother: Mary Lucile Cha... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Martha Ellen Lechleiter

Child's Name in Full

Mrs. F. G. Lechleiter

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

irth registration is part of every child's birthright.
t establishes legally the date of the child's birth, parentage
timacy.
It enables the Public Health Nurse to make sure the child has
tected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

- The correct age for purposes of school attendance.
- Employment.
- Protection under the law.
- Military and jury duty.
- Right to travel unmolested in foreign lands.
- Right to vote.
- Right to receive pensions and inherit property.
- Furnishes acceptable evidence of genealogy.
- Right to get married.
- Just at this time while many of the Ex-Service men are com-
o furnish certified copies of certificates of birth, it is im-
that the certificates be filed with the BUREAU OF VITAL STATIS-
the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

299-228-042-263

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 101747

No. 530 Wash. St. W.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Julia Agnes Kirkman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	April 28 1922

FATHER		MOTHER	
FULL NAME	James Wallace Kirkman	FULL MAIDEN NAME	Christina Caroline Kocherhans
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Hal Bieler M.D.

(Physician or midwife)

Address Twin Falls, Ida.

Filed May 9 1922 John F. Coughlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-101-042-659

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ____

No. ____ St.

Registration District No. 37 File No. 101748

Hospital ____ Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Norman Dale Waters
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 1 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Roy M Waters	FULL MAIDEN NAME	Emily Ludeen Fenrin
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) H. W. Wilson
Physician
(Physician or midwife)

Address Twin Falls Ida

Filed May 9 1922 John Fleoughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 0 1942

DECEASED

OCT 19 195

231-123-042-962 amended 8/5/80

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

101749

County of ~~Twin Falls~~

City of R.F.D.

Registration District No. 37 File No.

No. St.

Hospital

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Haley, Gail Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			9	yes	April 23 1922

FATHER	MOTHER
FULL NAME Jesse Sylvester Haley	FULL MAIDEN NAME Clara Robinson
RESIDENCE Twin Falls Route #2	RESIDENCE Twin Falls Route #2
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Upton, Utah	BIRTHPLACE Upton, Utah
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 45a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Segal M.D.

Physician
(Physician or midwife)

Address Twin Falls, Ida

Given names added from a supplemental report.

19

Registrar

Filed May 9 1922

John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDA[illegible]

DEPARTMENT OF PUBLIC WELFARE

JUN 19 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number ..... 101749 .....

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth ..... 192....

Father ..... Mother .....
Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

OV[illegible]

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. MAY 6 1 20 PM '80
County of ..... }

Certificate No. 101749

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Staley (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 23, 1922 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Gail Robinson Staley

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of April, 1980

Barbara Robinson

Notary Public, residing at Salt Lake County
My commission expires 2/21/83
(Seal)

Signed Melba S. Olaveson
(Signature of Any Credible Person)

4740 So 2200 W #24 Salt Lake City Ut 84118
(Street Address, City, State)

FORM DH 60-155

CL 7/12/78 RUSH

Certif of Blessing from the LDS Church gives name as Gale R. Staley son of Jesse Staley and Clara Robinson born April 23, 1922 at Twin Falls, Idaho. Blessed May 28, 1922. viewed by V. S.

AUG 5 1990

Certif of Dischaege from the US NAVY gives nameas Gail R Staley dated May21, 1943. born April 23, 1922 at Twin Falls, Idaho. viewed b V. S.

Insurance policy from Metropolitan Life Ins co. give s name as Colleen Staley dated Dec 1, 1950. beneficiary- Gail R. Staley, father. viewed by VS

315-102
027-412 [redacted] BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101750

County of Jerome
City of Eden
No. ..... St.
Hospital .....

Registration District No. 37
Primary Registration District No. 2085
File No. .....
Registered No. .....

FULL NAME OF CHILD Land, Everett Weston
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes.	Apr 2 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Russell Everett Land	FULL MAIDEN NAME	Beulah Mason
RESIDENCE	Eden, Idaho	RESIDENCE	Eden, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Mo
OCCUPATION	rancher	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Clondrek
Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed May 9 1922 John F. Kevig Klein
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ... 192..2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ..... Eden .....

Street .....

County ..... Jerome .....

File Number ..... 101750 .....

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth April 2 ..... 192.2

Father Russell Everette Land. (Full Name)

Mother Beulah Mae Mason. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Everette Weston Land. (Child's Name in Full)

Mrs. R. E. Land (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Form V. S. No. 11-C—25m-7-21-19

453-213
042-958

PLACE OF BI[redacted]

[redacted]IVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin

City of Mustaugh Registration District No. 37 File No. 101751

No. — St.

Primary Registration District No. 2685 Registered No.

Hospital —

FULL NAME OF CHILD Baby Decker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	3 (Month) 13 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Decker	FULL MAIDEN NAME	Virginia Reynolds
RESIDENCE	Mustaugh	RESIDENCE	Mustaugh
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete

Twin Falls Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed May 9 1922 John F Dougherty
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING IN[redacted]

N. B.—In case of more than one child at birth a [redacted] and the number of each, in order of birth [redacted]

613-115-042-866

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 37 File No. 101752

No. — St. —

Primary Registration District No. 2082 Registered No.

Hospital

FULL NAME OF CHILD Cecil Wayne Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	3 - 15 - 22

FATHER		MOTHER	
FULL NAME	Clare Watson	FULL MAIDEN NAME	Viola Powell
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed May 1 1922 John F. Coughlin Registrar

RECEIVED
JUN 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 19 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: .....

County: Idaho

File Number: 101752

Registration Dist. No: .....

Sex of Child: Male

Date of Birth: March 15 192.2

Father: Clare Benjamin Watson (Full Name)

Mother: Bertha Viola Yowell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Cecil Clare Watson
Child's Name in Full

Mrs. Clare Watson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

469-201-042-555

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls

CERTIFICATE OF BIRTH

101753

City of Twin Falls

Registration District No. 37

File No.

No. St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Amelia Morales

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	May 1 1922

FATHER		MOTHER	
FULL NAME	Manuel Morales	FULL MAIDEN NAME	Juana Errera
RESIDENCE	3rd Street S.	RESIDENCE	3rd Street S.
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Segal M.D.
(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report.

19

Registrar

Filed May 9 1922

John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 11 1957

319-123-042-268

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 37 File No. 101754

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital County Gen.

FULL NAME OF CHILD Peter Boyd Larson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1	Yes	Apr. 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Olaf Reynold Larson	FULL MAIDEN NAME	Hilda Boyd
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Story City, Iowa	BIRTHPLACE	Lee, Ill.
OCCUPATION	Attorney	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Sawyer

Osteopathic Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.... Address .....

Eye Treatment Argyrol Registrar

Filed 1070 May 9 1922 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1942

MAR 8 194

396-126-042-396

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 101755

No. ..... St.

Hospital Co. General

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Crowley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	No.	April 26 1922

FATHER		MOTHER	
FULL NAME	Gordon Bennett.	FULL MAIDEN NAME	Bernice Crowley
RESIDENCE	Buhl Ida	RESIDENCE	Buhl, Idaho.
COLOR	W.	COLOR	
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	15
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Laborer.	OCCUPATION	at ~~home~~

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at April 27. 22 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Morgan, MD

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Argyrol in eyes 1%

Registrar

Address Twin Falls, Ida

Filed May 9 1922

John T. Loughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-128-042-568

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101756

County of Twin Falls

City of " "

Registration District No. 37 File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital County General

FULL NAME OF CHILD Edward Charles Shaff.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	Yes.	4 28 1922

FATHER		MOTHER	
FULL NAME	Charles B. Shaff.	FULL MAIDEN NAME	Edna Anna Noh
RESIDENCE	Filer Idaho.	RESIDENCE	Filer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kansas.	BIRTHPLACE	Clarkson, Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 03 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry

Phy (Physician or midwife)

Given names added from a supplemental report.

19

Address Filer Ida

Eye treatment Argyrol 10%

Registrar

Filed May 9 1922

John T. Houghton

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 1942

V. S. No. 11-C—25m-7

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls RECEIVED MAR 23 1922

City of " " 218-128-042-368 Registration District No. 37 File No. 101757

No. ____ St. ____

Hospital County Gen. Primary Registration District No. 1085 Registered No. ____

FULL NAME OF CHILD Melville Joseph Kahn.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			2	Yes	4 . 28 1922

FATHER

FULL NAME: Maxwell A. Kahn

RESIDENCE: Eden Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Russia

OCCUPATION: Merchant.

MOTHER

FULL MAIDEN NAME: Gertrude Cohen

RESIDENCE: Eden Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Salem Mass.

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 35 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Geo Goodrich

Phy (Physician or midwife)

19____ Address Twin Falls

Eye Treatment Argyrol 10% Filed May 9 19 22

Registrar Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 18 1942

JUN 24 1942

JUL 3 1942

APR 5 1951

JUN 24 1971

691-219-042-695

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls

CERTIFICATE OF BIRTH

City of Twin Falls Registration District No. 37 File No. 101758

No. 122-Fourth St.

Primary Registration District No. 1685 Registered No.

Hospital —

FULL NAME OF CHILD Norma Madge Frances

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	3 - 19 - 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Glenn Frances	Hilda Gretchfield
RESIDENCE	Twin Falls	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)		18
BIRTHPLACE	Washington	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hy Leete

Twin Falls Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed May 9 1922 John D. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 26 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUN 19 1922

Boise, Idaho, ... 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City Twin Falls
Street 3 Ave North
County Twin Falls

File Number 101758

Registration Dist. No. .....

Sex of Child Female

Date of Birth March 19 1922

Father Glenn Everett France
Full Name

Mother Hilda Siletha Critchf
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Norma Marie France
Child's Name in Full

Glenn France
Signature of Father or Mother

OVER

JUL 2 3 1973

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
'ILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has n protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

851-110-042-551

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

101759

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No.

No. St.

Hospital County

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Allen Evans Heaton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	2	yes	April 10 1922

FATHER		MOTHER	
FULL NAME	Willis Heaton	FULL MAIDEN NAME	Helen May Evans
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Allen County Kansas	BIRTHPLACE	Hollywood Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a. M. on the date above stated.

(Signature) C. D. Weaver.

(Physician or midwife)

Address Twin Falls

Filed May 9 1922 John F. Coughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Argyrol in eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 0 1975

FEB 1 1944

JAN 3 1952

168-106-042-368

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

[redacted] 101760

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Donald Carlisle Johnson

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 6 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Albert C. Johnson	FULL MAIDEN NAME	Beulah Lohr
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	—

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 am M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho

Filed May 9 1922 [signature]

Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

c.c. 6/18/41. w.h.

695-106-042-396

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 527-4 E St.

Hospital

RECEIVED MAY 23 192[illegible]

BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101761

Registration District No. III 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Freeman DEAN LaVON FREEMAN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes.	Apr. 6 192[illegible]

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Erastus B Freeman	FULL MAIDEN NAME	Selma J Croney
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ariz	BIRTHPLACE	Idaho
OCCUPATION	Agt Watkins Remedies	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at [illegible] P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) [illegible]

(Physician or midwife)

Address Twin Falls, Idaho

Filed May 9 192[illegible] John F Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 101761

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Freeman (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Apr. 6, 1922 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dean LaVon Freeman

Subscribed and sworn to before me this 15th
day of August, 1942

Notary Public, residing at Twin Falls, Ida

My commission expires 8/17/43
(SEAL)

Signed E B Freeman (Father)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1426 E. 4th East Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on AUG 29 1942 By
(REGISTRAR'S SIGNATURE)

SEP 1

419-113-042-464

PLACE OF BIRTH

Amended 5-12-83

County of Twin Falls

City of " "

No. 661 3d ave St.

Hospital

RECEIVED MAY 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 101762

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Merlin Francis Martin.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	April 13 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Archie Clayton Martin	FULL MAIDEN NAME	Georgia Mearl Doughty
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	South Carolina	BIRTHPLACE	Kansas.
OCCUPATION	Truck driver	OCCUPATION	—

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5-20 am M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Twin Falls Idaho.

Filed May 9 1922 John H. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1942

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 12 11 24 AM '83

State of _____ } ss.
County of _____ }

Certificate No. 101762
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Mearlin Francis Martin (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 13, 1922 (Date of Event)

in Twin Falls (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Mearlin	Merlin

Subscribed and sworn to before me this 12th day of May 1983

Notary Public Florence Curtright

Residing at Boise

My commission expires 4-20-86

(Seal)

Merlin F. Martin
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Supporting Signature

Social Security Card gives name as Merlin F. Martin, # 518 38 9860.
Card issued 1948.

Viewed by V.S.

Honorable discharge from the U. S. Army gives name as Merlin Francis Martin
born April 13, 1922, in Twin Falls, Idaho Discharge dated February 1946
Viewed by V.S.

745-214-042-683

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101763

County of Twin Falls

City of Twin Falls

No. 289 4th Ave W St.

Registration District No. 37

File No.

Hospital

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Gladys Gundy Gladys Mathilda

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	April 14 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harvey W. Gundy	FULL MAIDEN NAME	Wylma Wyly
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wash.	BIRTHPLACE	Missouri
OCCUPATION	Farmer.	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) H W Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho

Filed May 9 1922 John T. Coughenour

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 101763

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Gladys Gundy	Gladys Mathilda Gundy

Subscribed and sworn to before me this 1st
day of June, 1942

Notary Public, residing at Boise Idaho

My commission expires 6-24-45
(Seal)

Signed Wylma Wyly Gundy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUL 2 1942

365-117-042-253

RECEIVED
MAY 23 [illegible]
BUREAU OF [illegible]

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Twin Falls

CERTIFICATE OF BIRTH

101765

City of " "

Registration District No. 37

File No.

No. St.

Primary Registration District No. 1085

Registered No.

Hospital T.F.Co.

FULL NAME OF CHILD John Harrison Longshore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	Yes	Apr. 17 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Longshore	Florence Record
RESIDENCE	Jerome Idaho	Jerome Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	35
BIRTHPLACE	Afton Iowa	Thawville Ill.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9.25 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Phy.
(Physician or midwife)

Given names added from a supplemental report.

19 Address Twin Falls

Eye treatment Argyrol 10% Filed May 9 1922

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

RECEIVED AUG 20 1932 BUREAU OF VITAL STATISTICS

Boise, Idaho, JUN 19 1932

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls, Ida

Street: Twin Falls Co. Gen. Hospital

County: Twin Falls

File Number: 101765

Registration Dist. No.:

Sex of Child: Male

Date of Birth: April 17th 192.2

Father: Harrison Longshore (Full Name)

Mother: Florence Lillian Secord (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Harrison Longshore
Child's Name in Full

Mr. Harry Longshore
Signature of Father or Mother

OVER

APR 29 1941

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

268-226-042-295

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAY 23 ... BUREAU

County of Twin Falls

City of Twin Falls

No. 913 - 4 E - St.

Registration District No. 37 File No. 101767

Hospital ——

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Barbara Jean Boyd
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe	1		—	Yes	4 - 26 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ralph Harry Boyd	FULL MAIDEN NAME	Francis Sinclair
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Neb	BIRTHPLACE	Ill
OCCUPATION	Plumber	OCCUPATION	Hswfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E R Van Cott M.D.
(Physician or midwife)

Address Twin Falls

Filed May 9 1922 John F Leongrein
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-105-042-395

PLACE OF BIRTH

RECEIVED
MAY 8
BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101768

County of Twin Falls
City of Twin Falls
No. Jackson St.
Hospital

Registration District No. 37
Primary Registration District No. 1085
File No.
Registered No.

FULL NAME OF CHILD Stratton Ivan Severn
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		Yes	Apr 5 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Oliver Stratton	FULL MAIDEN NAME	Iris Lamoreaux
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living alive (Born alive or stillborn) at 8 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
(Physician or midwife)
Address Twin Falls, Idaho

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed May 9 1922 John L. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 122 Monroe St.

County: Twin Falls

File Number: 101768

Registration Dist. No. .....

Date of Birth: April 5 .....192.2

Sex of Child: Male

Father: William Oliver Stratton (Full Name)

Mother: Iris Ann Lancaster (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ivan Leverin Stratton (Child's Name in Full)

Mrs. Iris A. Stratton (Signature of Father or Mother)

OVER

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

S1S-213-042-81S

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital T. F. County

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 101769

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD ~~Baby~~ Vandrrpool

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	/	Yes	Apr. (Month) 13 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Pete Vandrpool	FULL MAIDEN NAME	Ruth Hansen
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	McDowell Ky.	BIRTHPLACE	Malad Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Coughlin
Phy
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.... Address Twin Falls

Eye treatment Argyrol 10/6 Filed May-9- 1922 John F. Coughlin
Registrar Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUN 19 1922 ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number ..... 101769 .....

Registration Dist. No. .....

Sex of Child ..... Female .....

Date of Birth .....192....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

435-20[illegible]-092-[illegible]

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 19[illegible]
BUREAU OF
STATIS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 101771

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Elaine Montie McNeal

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	April (Month) 7 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ercell McNeal	FULL MAIDEN NAME	Dorothy Nickell
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	? Missouri	BIRTHPLACE	Wash. County Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Filer Idaho

Filed May 9 1922 John F. Coughlin
Registrar

Argyral in eyes

K

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

851-210
042-551

PLAC[redacted]

V. S. No. 11-C-25

BUREAU OF VITAL STATISTICS

County of Twin Falls RECEIVED CERTIFICATE OF BIRTH

City of Twin Falls MAY 2[illegible] 19[illegible] Registration District No. 37 File No. 101722

BUREAU

No. ..... St. 37

Primary Registration District No. 1085 Registered No. .....

Hospital County

FULL NAME OF CHILD Helen Charlotte Heaton

Sex of Child	Twin ~~Triplet~~ or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin		1	yes	April 10 1922

FATHER		MOTHER	
FULL NAME	Willis Heaton	FULL MAIDEN NAME	Helen May Evans
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Allen County - Kansas	BIRTHPLACE	Hollywood, Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 15 am on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Weaver

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed May 9 1922 John F. [illegible]

Registrar

Registrar

Argyrol in eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

SEP 29 1960

463-210-001-719

PLACE OF BIRTH

RECEIVED
JUL 6 1922
BUREAU OF VITAL STATISTICS

STA[redacted]IDAH[redacted]
DEPARTMENT [redacted]UBL[redacted]
BUREAU O[redacted]L STATISTICS

CERTIFIC[redacted] OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2

File No. 101777

Hospital St Luke

Primary Registration District No. 1004

Registered No. 237

FULL NAME OF CHILD Betty Louise Dotson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 10 (Year) 1922
F.		Yes.	

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	O. C. Dotson	FULL MAIDEN NAME	Edna Garrett
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Labor	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 145 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Holverson

M.D.
(Physician or midwife)

Address Boise

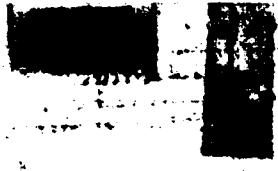
Filed 6-28 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



[redacted]

Form V. S. No. 11-C—25m-9-8-17

993-117
001-242

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1612 N 11 St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 101778

Registered No. 238

FULL NAME OF CHILD Vernon Lee Richardson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	May 17 1922

FATHER		MOTHER	
FULL NAME	John Joseph Richardson	FULL MAIDEN NAME	Alice Vernate Baker
RESIDENCE	Rigby Ida	RESIDENCE	Rigby Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Jone Ida	BIRTHPLACE	Lewisville Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Handy

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6-28 1922 R. H. [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 9 1971

169-121-001-418

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 6 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 101779

No. ..... St.

Primary Registration District No. 1004

Registered No. 239

Hospital .....

FULL NAME OF CHILD Fred Jordan, Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			3	yes	May 21 1922

FATHER		MOTHER	
FULL NAME	Fred Jordan	FULL MAIDEN NAME	Powell, Alice May
RESIDENCE	Ada County	RESIDENCE	Ada County
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho Arizona	BIRTHPLACE	Me.
OCCUPATION	farmer	OCCUPATION	HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 15 9 M. on the date above stated.

(Signature) H C Stone

M. D.
(Physician or midwife)

Address 413 Overland Bldg Boise

Filed 6-28 1922

R. H. Smith
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 .....

Registrar

SEP 15 1942

OCT 5 1942

621-222-001-286

PLACE OF BIRTH

County of Ada

City of Boise

No. 413 So 11 St.

Hospital

Form V. S. No. 11-C—25m-9-6-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JUL 6 1922
BUREAU OF VITAL STATISTICS

Registration District No. 2

File No. 101780

Primary Registration District No. 1004

Registered No. 240

FULL NAME OF CHILD Josephine Ethel Obaitek

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	May 22 1922

FATHER		MOTHER	
FULL NAME	Joe Obaitek	FULL MAIDEN NAME	Katherine Shook
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Pollard	BIRTHPLACE	Cando N. D.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Handy (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 1717 State St. Boise Ida.

Filed 6-28 1922 [illegible] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1964

794-222-001-294

PLACE OF BIRTH

County of Ada

City of Boise

No. 521 So. 12 St.

Hospital

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

101781

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 241

FULL NAME OF CHILD Velna Lorraine Pruett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May (Month) 22 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Barzilla Pruett	FULL MAIDEN NAME	Florence Bruno
RESIDENCE	521 So 12 Boise	RESIDENCE	521 So 12 Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Snow Flake Ariz.	BIRTHPLACE	So. Boise Ida.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8-30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Handy (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 1717 State St. Boise

Filed 6-28 1922 W. H. Pratt Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

465-224-001-819

PLACE OF BIRTH

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 501 S. 3rd St.

Registration District No. 2

File No. 101782

Hospital

Primary Registration District No. 1004

Registered No. 242

FULL NAME OF CHILD Margaret Estella Montgomery
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 24 1922

What bactericidal solution was used in eyes? Ag Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Virgil Theodore Montgomery	FULL MAIDEN NAME	Elsie Alserda Harrison
RESIDENCE	501 S. 3rd St.	RESIDENCE	501 S. 3rd St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Indiana	BIRTHPLACE	Iowa
OCCUPATION	Accountant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Somalise, at 12 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Overland Bldg Boise

Filed 6-28 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1988

163-124-001-469

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 6 1922

CERTIFICATE OF BIRTH 101783

County of Ada

City of Boise

No. South Boise

Registration District No. 2 File No.

Hospital —

Primary Registration District No. 1004 Registered No. 243

FULL NAME OF CHILD Garland Bailey Jolley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 24 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Garland Bailey Jolley	FULL MAIDEN NAME	Lois B. Morrison
RESIDENCE	South Boise, Idaho	RESIDENCE	South Boise, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise, Idaho

Filed 6-28 1922 R. H. Bell
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 31 1967

JUL 6 - 1953

665-126-001-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101784

County of Ada

City of Boise

No. 1719 N. 26 St.

Registration District No. 2

File No.

Hospital —

Primary Registration District No. 1004

Registered No. 274

FULL NAME OF CHILD Silvester Wonacott, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 26 1922

What bacterioidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME S. A. Wonacott	FULL MAIDEN NAME Margaret G. Carter
RESIDENCE 1719 N. 26th St., Boise, Idaho	RESIDENCE 1719 N. 26th St., Boise, Idaho
COLOR W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:40 p. m. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Filed 6-28-1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-27-41

844-126-001-385

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 6 1922

County of Ada

City of Boise

No. ——— St.

Registration District No. 2 File No. 101785

Hospital St. Luke's Primary Registration District No. 1004 Registered No. 245

FULL NAME OF CHILD Burke Hudelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	May 26 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Chas. H. Hudelson	FULL MAIDEN NAME Sarah T. Chenoweth
RESIDENCE 1005 N. 9th St., Boise, Idaho	RESIDENCE 1005 N. 9th St., Boise, Idaho
COLOR W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Illinois
OCCUPATION Assistant Rehabilitation Officer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Boise, Idaho

Filed 6-28 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ance to have the full name included in the record. Kindly fill in the information requested in the blank and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTI

Place of Birth — City: Boise, Idaho

Street: St. Lukes Hospital

County:

File Number: 101785

Registration Dist. No.:

Sex of Child: Male

Date of Birth: May 26

Father: Charles Homer Hudelson (Full Name)

Mother: Sarah Teresa She (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Burke Hudelson
Child's Name in Full

Teresa Hudelson
Signature of Father or Moth

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH S
E FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE

- - - - - - - - - - -

Birth registration is part of every child's birth

It establishes legally the date of the child's b
and legitimacy.

It enables the Public Health Nurse to make sure
been protected from danger of blindness and other infect

- - - - IT SHOWS AT LATER PERIODS OF LIFE: -

1. The correct age for purposes of school attend
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit propert
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.

844-103-001-766

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____ St. ____

~~Hospital~~ 1911 N. 10th

JUL 6 1927
BUREAU OF VITAL STATISTICS

Registration District No. 2

File No. 101786

Primary Registration District No. 1004

Registered No. 246

FULL NAME OF CHILD Hudgins Robert Theodore
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
M.			yes	6	3	1927

What bactericidal solution was used in eyes? Nitrate Silver 2%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Bernie Hudgins	FULL MAIDEN NAME	Arlena Gowdy
RESIDENCE	1911 N. 10th	RESIDENCE	1911 N. 10th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ark.	BIRTHPLACE	Ill.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1911 N. 10th St. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger

Physician
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 6-28-1927 A. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECI
JUL
BUREAU
STA

Boise, Idaho, JUL [illegible] 192...

Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise, Idaho

Street: 1911 No. 10th St.

County: Ada

File Number: 101786

Registration Dist. No.:

Sex of Child: Male

Date of Birth: June 3 192 2

Father: Arrie Reed Hudgins (Full Name)

Mother: Orlena Gowdy (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Theodore Hudgins
Child's Name in Full

Mrs. Orlena Hudgins
Signature ~~of Father or~~ Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

NOV 24 1925

318-103-001-669

PLACE OF BIRTH

County of Ada

City of Boise

No. 417 ½ So 11 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 101787

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD Donald James Taylor

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
male		yes	June 3 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James Lamont Taylor	FULL MAIDEN NAME	Sarah Gladys Worthington
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mapleton Ida	BIRTHPLACE	Eureka Ut
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Geo. H. Handy (Physician or midwife)

Address 1717 State St Boise Ida

..... 19.....
Registrar

Filed ..... 19.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-105-001-389

PLACE OF BIRTH

County of ADA

City of BOISE

No. ____ St.

Hospital MATERNITY HOSP.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 101788

Primary Registration District No. ____ Registered No. 248

FULL NAME OF CHILD DONALD EDWARD McKANNA

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
MALE			YES	JUNE 5, 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: JESSE LOGAN McKANNA	FULL MAIDEN NAME: MARY EMILY CHRISTENSEN
RESIDENCE: HAINES, OREGON	RESIDENCE: HAINES, OREGON
COLOR: WHITE	COLOR: WHITE
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: COWLEY CO., KANSAS	BIRTHPLACE: HAINES, BAKER CO., OREGON
OCCUPATION: LABORER	OCCUPATION: HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

..... Registrar.

(Signature) Roscoe C. Ward, M.D.

(Physician or midwife)

Address Boise, Idaho

Filed 6-28-1922 192.. R. H. Pratt

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-207-001-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. ..... St.

Registration District No. 4

File No. 101789

Hospital 806 Brumback

Primary Registration District No. 1004

Registered No. 249

FULL NAME OF CHILD Bennett Catherine Theresa
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe		1	Yes	6 7 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm. M. Bennett	FULL MAIDEN NAME	Gertrude Green
RESIDENCE	806 Brumback	RESIDENCE	806 Brumback
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	School Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:15 A. M.
(Born alive or stillborn)
on the date above stated.

(Signature) Fred A. Patterson

Physician
(Physician or midwife)

Address .....

Filed 6-28-1922 R. H. Craft
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

JUL
BUREAU
STATIS

Boise, Idaho, [redacted] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: Brumback

County: Ada

File Number: 101789

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: June 7 1922

Father: William Merle Bennett (Full Name)

Mother: Gertrude Ellen Greson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Catherine Jane Bennett
Child's Name in Full

William M Bennett
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

APR 28 1965

419-208-001-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Registration District No. ____ File No. 101790

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD DORIS SYLVIA MARGETTS
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	June 8 192 2

What bacteriolidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Frederick Lynne Margetts	FULL MAIDEN NAME: Josephine Myrtle Williams
RESIDENCE:	RESIDENCE: Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Salt Lake City, Utah	BIRTHPLACE: Kansas
OCCUPATION: machinist	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

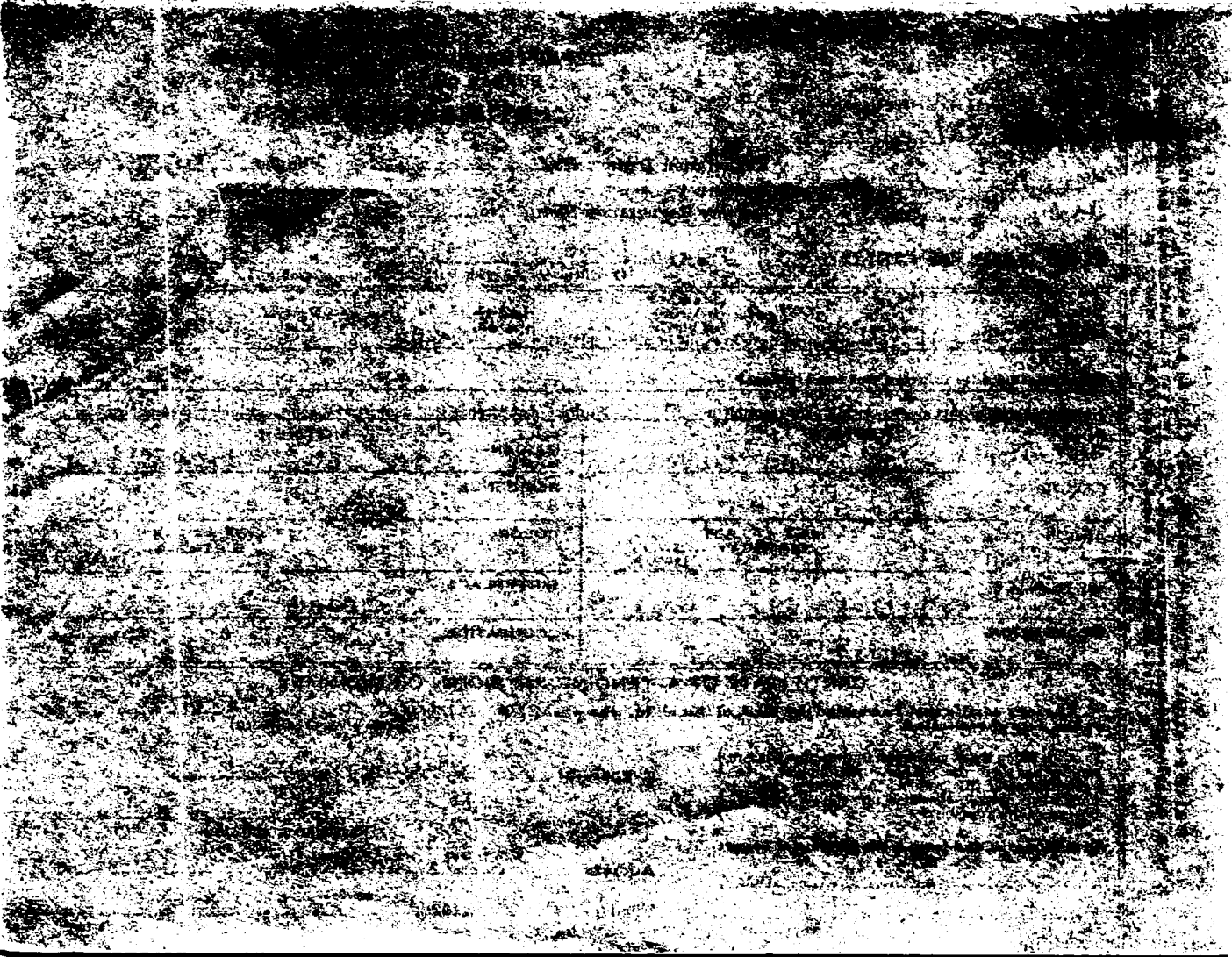
(Signature) D. O. Higgs

..... (Physician or midwife)

Address Boise, Idaho

Filed June 28 192 2 R. A. Pratt Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



793-208-001-159

PLACE OF BIRTH

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **101791**

County of Ada

City of Boise

No. 412 Idaho St.

Hospital St Lukes

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 257

Full Name of Child Margaret Edna Pilblad

1% Silver nitrate used in eyes

SEX OF CHILD: FE	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 6 (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Richard C. Pilblad	FULL MAIDEN NAME	Edna Perrault
RESIDENCE	412 Idaho	RESIDENCE	412 Idaho St.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION	General Insurance	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pittenger

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Overland Bldg Boise

Filed 6-28 1922 R. H. Reed

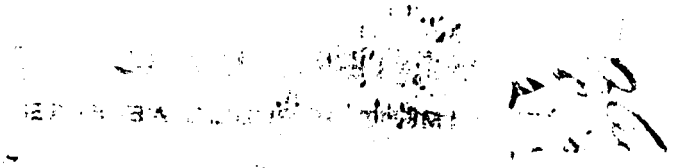
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUL 13 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 412 Idaho

County: Ada

File Number: 101791

Registration Dist. No.: 4

Sex of Child: Female

Date of Birth: June 8, 1922

Father: Richard Canute Pilblad (Full Name)

Mother: Edna Lucille Perrault (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margaret Edna Pilblad
Child's Name in Full

Richard C. Pilblad
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

9761 6 NAV FEB 23 1944

DEC 27 1965

386-210-001-459

PLACE OF BIRTH

RECEIVED
JUL 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101792

County of

City of Boise

No. 400 Pueblo St. District No. 2 File No.

Hospital Primary Registration District No. 1004 Registered No. 252

FULL NAME OF CHILD Cotter June

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		2	Yes	June 10 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Cotter Thomas	FULL MAIDEN NAME	Jensen Merice
RESIDENCE	400 Pueblo St	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Corona Mich	BIRTHPLACE	Cambridge Ida
OCCUPATION	Driving truck	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:47 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Chas. V. Gennung

(Physician or midwife)

Address Boise

Filed 6 28 1922 F. H. Pratt Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

525-111-001-863

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 101794

Registered No. 254

Full Name of Child Eberle, Theodore Holcomb

SEX OF CHILD m	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 6 / 11 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Julius L. Eberle	FULL MAIDEN NAME	Claire Holcomb
RESIDENCE	1620 Harrison Boise	RESIDENCE	1620 Harrison Blvd.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Idaho.
OCCUPATION	attorney	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

190 Silver nitrate used in eyes

(Signature) Fred A. Pittenger M.D.

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed 6-28 1922 R. H. Pratt Registrar

...ING INK—THIS IS A PERMANENT RECORD ...d at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

with the
ning the name chil

C THE NAME OF YOUR CHILD.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

File Number: 101794

Street:

Registration Dist. No.:

County: Ada

Sex of Child: Male

Date of Birth: 192....

Father: J. Louis Eberle (Full Name)

Mother: Clara Holcomb E (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Theodore Holcomb Eberle

Child's Name in Full

Mrs J. L. Eberle

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF

- - - - - - - - - - -

Birth registration is part of every child's birthright,

It establishes legally the date of the child's birth, pa
and legitimacy.

It enables the Public Health Nurse to make sure the chi
been protected from danger of blindness and other infections at

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are
pelled to furnish certified copies of certificates of birth, it i

MAY 28 1946

425-212-001-259

PLACE OF BIRTH amend 7-23-82

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada JUL 6 1922

City of Boise

Registration District No. 2

File No. 101796

No. ____ St.

Primary Registration District No. 1004

Registered No. 226

Hospital 607 Grove St 1% nitrate Silver used in eyes.

Full Name of Child Julia Ubernaga

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
female			yes	6 12 1922

	FATHER	MOTHER
FULL NAME	Joe Ubernaga	Hermenegilda Benedo
RESIDENCE	607 Grove	607 Grove
COLOR	Spanish White	Spanish
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	Spain	Spain
OCCUPATION	Hotel Keeper	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Puttnger M.D.

Physician (Physician or midwife)

Address

Given names added from a supplemental report

..... 19....

Registrar

Filed 6-28 1922

Registrar

- PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
- In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.
- RESERVED FOR BINDING

Dup of 1922 - 232011

RECEIVED
JUL 26 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 607 Grove St.

County: Ada County

File Number: 101796

Registration Dist. No.:

Date of Birth: June 12 192 2

Sex of Child: Female

Father: Mr. Joe Uberuaga (Full Name)

Mother: Mrs. Hermenegi (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Miss Juliana Uberuaga
Child's Name in Full

Mrs. Joe Uberuaga
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 21 9 09 AM '82

State of _____
County of _____ } ss.

Certificate No. 101796
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Juliana Uberuaga (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 12, 1922 (Date of Event)

in Boise (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Juliana	Julia
mother's first name	Hermeiojilda	Hermenegilda

Subscribed and sworn to before me this 2nd day of July, 1982.

Notary Public, Florence Cartright
Residing at Boise
My commission expires 4-20-86
(Seal)

× Julia Uberuaga Coleman
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

in office 7-2-82 fc

Certificate of baptismfrom St. Johns Cathedral in Boise, Idaho gives Julia Uberuaga child of Jose Uberuaga and Hermenegilda Bernedo was born 6-12-22 and was baptised 6-25-22. Viewed by V.S.

JUL 23 1982

Marriage License from State of Idaho Ada County gives Kenneth Earl Coleman and Julia Uberuaga were married 7-12-75 in Boise, Viewed by V.S.

Certificate of birth from Spain gives Hermenegilda Bernedo born gives her birth date as May 25, 1890. Viewed by V.S.

465-114-001-437

PLACE OF BIRTH

RECEIVED
JUL 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of So. Boise

No. 1306 Vermont St.

Registration District No. 2 File No. 101797

Hospital —

Primary Registration District No. 1004 Registered No. 257

FULL NAME OF CHILD Albert Edwin Montgomery
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	June 14th 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% sol. silver nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Ivan G. Montgomery	FULL MAIDEN NAME	Marie A. McGinnis
RESIDENCE	1306 Vermont	RESIDENCE	1306 Vermont
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer - (bakery)	OCCUPATION	Hwife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 1.20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 317 Overland Bldg. - Boise

Filed 6-28 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-212-001-281

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

No. St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 101798

Registered No. 258

Full Name of Child Viola Grace Ward

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female		—	Yes	June 12 (Month) 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Frank E. Ward	FULL MAIDEN NAME	Florence Nettie Shaw
RESIDENCE	1214 Manitou	RESIDENCE	1214 Manitou
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Pittston Pa.	BIRTHPLACE	Indiana
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 59 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. Goodfriend

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Empire Bldg

Filed 6-28 1922 R. H. Pratt

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 101798

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for Viola Grace Ward (Name on Original Certificate) who was born (Was Born or Died) on June 14, 1922 (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by knowledge of mother (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	June 14, 1922	June 12, 1922

Subscribed and sworn to before me this 9 day of May, 19 44

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Mrs Nettie Waugh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 9 1944

769-123-001-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

JUL 0 BUREAU OF

Registration District No. 2

File No. 101800

Primary Registration District No. 1004

Registered No. 260

FULL NAME OF CHILD Geo. Robert Parkin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	6-23-1922

What bactericidal solution was used in eyes? Agno 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fredrick W. Parkin	FULL MAIDEN NAME	Elizabeth Bell
RESIDENCE	Boise Idaho	RESIDENCE	Boise
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Rancher	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Titus
(Physician or midwife)

Address Boise

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 6-28 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PARKIN

Dup of 1922 - 193489

415-223-001-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 613 S 14 St.

Hospital St Alphonsus

Registration District No. 2

File No. 101801

Primary Registration District No. 1004

Registered No. 261

FULL NAME OF CHILD Marjorie Ellen Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	6 (Month) - 23 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Paul Davis	FULL MAIDEN NAME	Mona Fawler
RESIDENCE	Boise Ida	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Utah
OCCUPATION	Book Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10, 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address 402 Idaho Bldg

Filed 6-28 1922

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 29

BUREAU STATE

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 1 1922 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise; Street: 613 S. 14th; County: Canyon Ada

File Number: 101801

Registration Dist. No.:

Sex of Child: Female

Date of Birth: June 23 192 2

Father: Paul Stewart Davis (Full Name)

Mother: Mona Christy Fow (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marjorie Ellen Davis

Child's Name in Full

Mrs. Paul S. Davis.

Signature of Father or Mother

P.S. - My first baby was recorded as Betty Jane and we afterward decided on Merle Belle Da Could this change be made on the records?

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF (

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, pare and legitimacy.

It enables the Public Health Nurse to make sure the chil been protected from danger of blindness and other infections at b

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

OCT 18 1943

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

766-105-001-449

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 1716 Idaho St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 101802

Primary Registration District No. 1004 Registered No. 262

FULL NAME OF CHILD John Murlin Powell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 3 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas George Powell	Merle Murlin
RESIDENCE	Boise Idaho	Boise Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	30 (Years)
BIRTHPLACE	Kansas	Oregon
OCCUPATION	Lumber Salesman	Music Teacher

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 2 (Born alive or stillborn) at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Ann Bodle Maxwell
Osteopathic Physician
(Physician or midwife)

Address 304 Idaho Bldg. Boise

Filed 6-28 1922 R. L. Pratt
Registrar

993-105-001-212

PLACE OF BIRTH

JUL 6

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 101803

County of Ada

City of Boise

No. ____ St.

Registration District No. 2

Hospital St. Alphonsus Primary Registration District No. 1004

Registered No. 263

FULL NAME OF CHILD James Allen Rice
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	June 5 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Leaton A. Rice	FULL MAIDEN NAME: Kathryn B. Baker
RESIDENCE: 1119 N. 16th St., Boise, Idaho	RESIDENCE: 1119 N. 16th St., Boise, Idaho
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Idaho
OCCUPATION: Mining Engineer & Musician	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:50 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brantan M.D.
(Physician or midwife)

Address Boise, Idaho

Filed June 28 1922 R. A. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-108-001-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

JUL 6 1923
BUREAU OF VITAL STATISTICS

No. — Registration District No. 2 File No. 101804

Hospital St. Lukes Primary Registration District No. 1004 Registered No. 264

FULL NAME OF CHILD Benjamin Franklin Harrah Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	May 8th 1923

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Benj. F. Harrah	FULL MAIDEN NAME	Alice F. Wallick
RESIDENCE	Near Fair Grounds	RESIDENCE	Near Fair Grounds
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Oregon	BIRTHPLACE	Kansas
OCCUPATION	Horticulturalist	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:26 A. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise Idaho

Filed June 28 1923 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1974

465-114-001-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St. _____ Registration District No. 2 File No. 101805

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 265

FULL NAME OF CHILD Paul Raymond Montgomery
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	June 14, 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. B. Montgomery	FULL MAIDEN NAME	Maude Haig
RESIDENCE	1310 Grant St, Boise, Idaho	RESIDENCE	1310 Grant St., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Stoker at Gas Works	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 2:10 a. m. **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Filed June 28 1922 R. N. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 3 1969

JAN 21 1971

MAR 3 0 1943

DEC 1 0 1946

515-115-001-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise JUL 6 1922

No. ____ Registration District No. 2 File No. 101806

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 266

FULL NAME OF CHILD Donald Elton Vanderford
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	June 15 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	G. O. Vanderford	FULL MAIDEN NAME	Alice Davis
RESIDENCE	Grandview, Idaho	RESIDENCE	Grandview, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 35 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 28 1922 P. N. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1962

APR 26 1962

415-220-001-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1017 N. 12 St.

Registration District No. 2 File No. 101807

Hospital

Primary Registration District No. 1004 Registered No. 267

FULL NAME OF CHILD DONNA ~~Geraldine~~ June Davis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	June 20, 1922

What bacterioidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Gilbert L. Davis	FULL MAIDEN NAME: Cora Kelly
RESIDENCE: 1017 N. 12th St, Boise, Idaho	RESIDENCE: 1017 N. 12th St, Boise, Idaho.
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Insurance	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19....

..... Registrar.

(Signature) L. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Filed June 28 1922 R. N. Craig Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. _____

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Donna June Davis Smith (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1922 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by life insurance policy (Bible Record, Insurance Policy, Etc.) prepared on September 16, 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Geraldine June Davis	Donna June Davis

Subscribed and sworn to before me this 15th
day of April, 19 43.

Notary Public, residing at Coeur d'Alene

My commission expires August 20, 1945
(Seal)

Signed Mrs. Cora Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1010 Indiana Avenue, Coeur d'Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of April, 19 43

Notary Public, residing at Coeur d'Alene

My commission expires August 20, 1945
(Seal)

Signed Mrs. R. D. Pilkey
(Signature of Any Credible Person Other Than Previous Year)

Hayden Lake, Idaho
(Street Address, City, State)

APR 2 1 1945

635-219-001-229

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1014 Warm Springs St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1004

File No. 101808

Registered No. 268

Full Name of Child Sarah Skillern Fletcher

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		Yes	June 19 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Frank Oakley Fletcher	FULL MAIDEN NAME: Sarah Alice Skillern
RESIDENCE: 1014 Warm Springs Ave. Boise Ida.	RESIDENCE: 1014 Warm Spring Ave. Boise
COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Fld Boise Idaho	BIRTHPLACE: Birmingham Alabama
OCCUPATION: Fletcher Oil Co.	OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.15 a.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. B. Smith

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise, Ida. 309 Empire Bldg.

Filed June 28 1922 R. H. Pratt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

685-103-001-491

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St. .....

Registration District No. 2 File No. 101809

Hospital St. Alphonsus Hospital Registration District No 1004 Registered No. 207

FULL NAME OF CHILD Harold William Wheeler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	June 3 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Harold H. Wheeler	FULL MAIDEN NAME	Mildred H. Dial
RESIDENCE	Barber, Idaho	RESIDENCE	Barber, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Illinois
OCCUPATION	Machinist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 105 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton M.D.
(Physician or midwife)

Address Boise, Idaho

Filed June 28 1922 R. N. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1949

NOV 13 1942

313-2-2-3-001-419

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101810

County of Ada

City of Boise — Registration District No. 2 — File No.

No. 1209 E. Bay St.

Primary Registration District No. 1004 — Registered No.

Hospital —

FULL NAME OF CHILD Ruth Sophia Lacey

Sex of Child F. | Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 5 (Month) 23 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Edw. Lacey	FULL MAIDEN NAME Ruth Darsey
RESIDENCE Boise	RESIDENCE Boise
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Switchman	OCCUPATION Hw

Number of child of this mother, including present birth — Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:00 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter Calloway

Physician (Physician or midwife)

Boise Idaho

Address

Given names added from a supplemental report.

19

Registrar

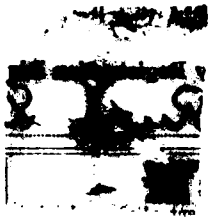
Filed June 24 19 22

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



185-220-001-628

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 101811

No. Wylie Sta Box 866 St.

Hospital St Luke

Primary Registration District No. 1004 Registered No. 271

FULL NAME OF CHILD Alice Louise Ayers

Sex of Child Female | Twin Triplet or other? \ and Number in order of birth \ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 20 Sat 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clark Price Ayers	FULL MAIDEN NAME	Bertha [illegible]
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Warsaw Ill.	BIRTHPLACE	Christiania Norway
OCCUPATION	Stationary Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 p. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Springer

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed June 30 1922 R. H. Pratt Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 9 1945

MAY 1 9 1947

199-124-001-289

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 709 Main

Registration District No. 2

File No. 101812

Hospital

Primary Registration District No. 1004

Registered No. 272

FULL NAME OF CHILD Shizuo Arima
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		YES.	June 24 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Nirokor Arima	FULL MAIDEN NAME	Chiyono Shimizu
RESIDENCE	709 Main	RESIDENCE	709 Main
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born Alive at 5:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise Ida

Filed June 30 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 Certified copies ~~u~~ issued Feb. 8, 1937
4310-4311 PBA

AUG 2 9 1969

335-125-001-612

PLACE OF BIRTH

AMENDED - JUNE 8, 1949

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2719 Madison St. Registration District No. 2 File No. 101813

Hospital Primary Registration District No. 1004 Registered No. 273

FULL NAME OF CHILD Jack Raymond Clegg
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 25 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: George R. Clegg	FULL MAIDEN NAME: Viola M. Faber
RESIDENCE: 2719 Madison	RESIDENCE: 2719 Madison
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

Physician
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

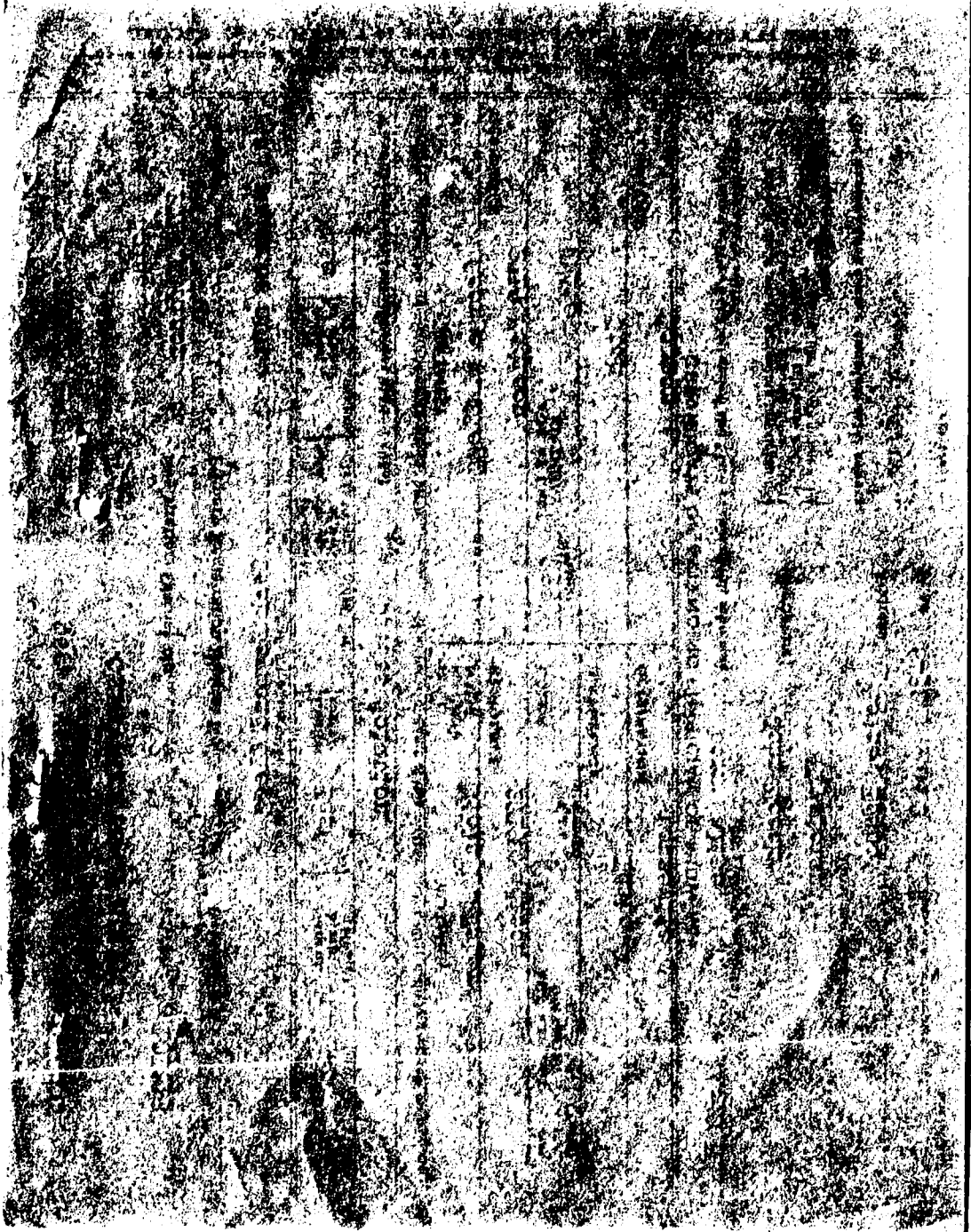
....., 192.....

..... Registrar.

Filed 6-30 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 101813

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jack David Clegg (Name on Original Certificate) who born (Was Born or Died) on June 25, 1922 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother's affidavit (Bible Record, Insurance Policy, Etc.) prepared on June 8, 1949 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Middle Name	David	Raymond

Subscribed and sworn to before me this 8th day of June, 1949
Grant L. Ambrose
Notary Public, residing at Boise, Idaho
My commission expires 2/5/50
(Seal)

Signed Viola Mercia Clegg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1413 Washington, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of June, 1949
L. L. Gee
Notary Public, residing at Boise, Idaho
My commission expires 5/19/50
(Seal)

Signed Grant L. Ambrose
(Signature of Any Credible Person)
Cont. Bank Bldg., Boise, Idaho
(Street Address, City, State)

JUN 8 1949

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 498-226-001-212

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2 File No. 101814

Primary Registration District No. 1004 Registered No. 274

FULL NAME OF CHILD Miyako, Miyasako.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June (Day) 26 (Year) 1922
♂		Yes	

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Kanichi Miyasako.	FULL MAIDEN NAME	Misao Sasaki
RESIDENCE	710 Grove	RESIDENCE	710 Grove
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	merchant	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive, at 7.30 a M. on the date above stated.
(Born alive ~~or stillborn~~)

1 Photostatic copy 11/13/42

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock
(Physician ~~or midwife~~)

Give names added from a supplemental report.

Address Boise Ida

2 copies issued 11/14/41, 19....
1 photostat - 10/19/44
1 photostat - 1-2-47

Registrar.

Filed June 30 1922 R. H. Pratt
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 101 814
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Martha Miyasako
(Birth or death)
for Martha Miyasako (Name on original certificate) who born (Was born or died) on June 26th 1922 (Date of event)
in Boise Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Physician (Bible record, insurance policy, etc.) prepared on Nov. 14, 1944 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Martha	Miyako Miyasako

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed Irene Banks M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

FEB 17 1976

OCT 20 1944

NOV 5 1953

319-111-001-893

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. 1309 N 8 St.

Hospital

Registration District No. 2 File No. 101815

Primary Registration District No. 1004 Registered No. 275

FULL NAME OF CHILD Douglas Wayne Carter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June (Day) 11 (Year) 1922
M		Yes.	

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William Amos Carter	FULL MAIDEN NAME	Effy M Williamson
RESIDENCE	1309 N 8	RESIDENCE	1309 N 8
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Machinest	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5.40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Solon Buck

(Physician or midwife)

Address Boise Ida

Filed June 30 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 6th St — Eight

County: .....

File Number: 101815

Registration Dist. No.: .....

Sex of Child: Male

Date of Birth: June 11 1922

Father: William Amos Carter (Full Name)

Mother: Effie May Williamson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Douglas Wayne Carter (Child's Name in Full)

Mr. & Mrs. W. A. Carter (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed

Mother's name amended 5-5-89 MCM

PLACE OF BIRTH

493-212-001-214

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101816

County of Ada

City of Boise

No. 1417 N. 14th St. Registration District No. 2 File No.

Hospital St Lukes Primary Registration District No. 1004 Registered No. 276

FULL NAME OF CHILD Josephine Edna Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	June 12 1927

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	John Henry Miller	Freda Bgulman OTT
RESIDENCE	1417 N. 14 St	1417 N. 14th St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Council Bluffs Iowa	New York State
OCCUPATION	Logging	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7-10 a. M. on the date above stated.

(Signature) R. D. Gregory MD

(Physician or midwife)

Address

Filed June 30 1927 R. H. Rad Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

THIS IS A PERMANENT RECORD
WRITE PLAINLY WITH UNFAD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1942

5-5-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 101816
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Josephine Edna Miller (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 12, 1922 (Date of Event)

in Boise (Ada) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Mother's maiden Name	Freda Baulman	Freda Baulman Ott

Subscribed and sworn to before me this 5th day of May, 1989.

Notary Public, Melanie C. Metzger
Residing at Boise, Ada, Idaho
My commission expires Feb 22, 1995
(Seal)

Josephine Edna (Miller) Taylor
Signature of Applicant

1606 Division Boise, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ID birth certificate for Esther Caroline Miller born Aug 5, 1932 shows Freda E. Ott age 34 born in NY as the mother, state file #205303. Viewed by VS.

ID marriage certificate shows John H Miller and Freda Ott were married June 8, 1917 in Boise. Viewed by VS.

996-2 [illegible] 01-899

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. 10181?

Hospital ..... Primary Registration District No. 2004 Registered No. 277

FULL NAME OF CHILD KATHLEEN ROSALIE RIORDAN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	June 13 1922

What bacterioidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Benjamin R Riordan	FULL MAIDEN NAME Sarah Ida Hurst.
RESIDENCE 922 Division St. Boise	RESIDENCE 1221 Division St. Boise.
COLOR White	COLOR White.
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Wis.	BIRTHPLACE N. Dakota.
OCCUPATION Lawyer	OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:40 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Gregory M. D.

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed June 30 1922 R. N. Peat Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 101817

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for No name (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 13, 1922 (DATE OF EVENT) in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Omitted	Kathleen Rosalie Riordan

Subscribed and sworn to before me this 12th day of May, 1942

W H Davison

Notary Public, residing at Boise Idaho

My commission expires March 15, 1945

(SEAL)

Signed Ida Hurst Riordan

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 09 2005

FEB 14 1945

APR 22 1948

795-229-001-168

[redacted]

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ..... RECEIVED

City of ..... JUL 6 192 Registration District No. 2 File No. 101818

BUREAU OF VITAL

No. ..... St. Primary Registration District No. 1004 Registered No. 278

Hospital .....

FULL NAME OF CHILD Doris Maxine Greiner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes.	June 29 1922

FATHER		MOTHER	
FULL NAME	Charles Fred Greiner	FULL MAIDEN NAME	Margret Johnston
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Philadelphia	COLOR	White
OCCUPATION	Auto Mechanic	AGE AT LAST BIRTHDAY (Years)	18
		BIRTHPLACE	Bluffton Ind.
		OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6.45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. H. Jacquemain

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6-30-1922 R. H. Platt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 24 1951

135-101-001-279

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1012 Euclid ave

Hospital St Lukes

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

Registration District No. 2

Primary Registration District No. 1004

File No. 101819

Registered No. 279

FULL NAME OF CHILD Raymond Douglas Van Alven
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		yes	June 1st 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Henry Van alven	FULL MAIDEN NAME	Louise Sproyer
RESIDENCE	1012 Euclid ave	RESIDENCE	1012 Euclid ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Chicago, Ill	BIRTHPLACE	Louisiana
OCCUPATION	merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12-23 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address 1107 N. 8th St. Boise Ida.

Filed June 30 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 0 1 1988

719-103-001-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101820

County of Ada

City of Boise JUL 6 192

No. 18th & Main St. Registration District No. 2 File No.

Hospital — Primary Registration District No. 1004 Registered No. 280

FULL NAME OF CHILD Vern Limont Gardner
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	July 3rd 192 2

What bactericidal solution was used in eyes? 1% sol. silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	Melvin Gardner	Elizabeth Jenkins
RESIDENCE	18th & Main	18th & Main
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	42
BIRTHPLACE	Penn	Penn
OCCUPATION	Laborer	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 10 15 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather
(Physician or midwife)

Address 317 Overland Blk. Boise

Give names added from a supplemental report.

....., 19.....

Filed 7-3 1922 R. H. Pratt
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1954

SEP 4 1942

893-113-001-735

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 5-10 N 27 St. Registration District No. 2 File No. 101821

Hospital Primary Registration District No. 1004 Registered No. 281

FULL NAME OF CHILD Wayne Earl Hicks
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	June 12 1922

What bactericidal solution was used in eyes? Silvol 10 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ray W Hicks	FULL MAIDEN NAME	Mabel Glen
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Lineman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 6 lb (Born alive or stillborn) M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) O H Parker
(Physician or midwife)

Address 303 McCarty Blvd

Filed 6-30 1922 K. L. Pratt Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

331-221-001-653

PLACE OF BIRTH

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

[redacted]

C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 101822

No. 1910 State St.

Primary Registration District No. 1004 Registered No. 283

Hospital

FULL NAME OF CHILD Cathleen June Clayville

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 21 1922

	FATHER	MOTHER
FULL NAME	George Oren Clayville	FULL MAIDEN NAME Bertha May Wells
RESIDENCE	1910 State St Boise	RESIDENCE 1910 State St. Boise
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Holdredge Nebraska	Baptista Missouri
OCCUPATION	Motorman Street Car	Home Work

Number of child of this mother, including present birth First

Number of children, of this mother, now living, including present birth First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

(Signature) O. L. Anderson

Physician

(Physician or Midwife)

Address 717-18 Idaho Bldg, Boise

Filed June 30 1922

Registrar

8-Y CO., 16870

MARGIN RESERVED FOR BINDING

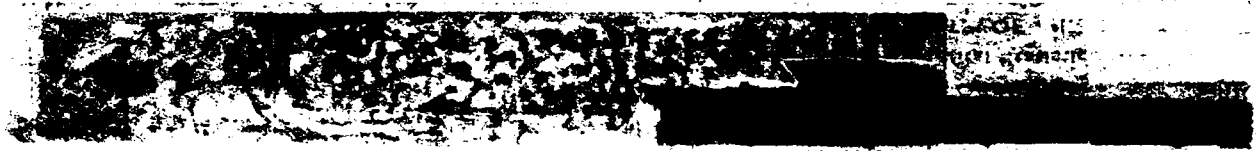
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 14 1945

FEB 14 1945

NOV 29 1946



469-122-001-219

PLACE OF BIRTH

JUL 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-B—[illegible]-17

County of Ada

City of

No. St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 101823

Registered No. 284

FULL NAME OF CHILD Barton Morse

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 22nd 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Guilford A Morse	FULL MAIDEN NAME	Isabel Barton
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minneapolis Minn	BIRTHPLACE	Minneapolis Minn
OCCUPATION	Sect. Int. Mt Ry. & Supt Barber Mill	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCabe MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise Idaho

Filed June 30 1922 R. H. Pratt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Minnesota } ss.
County of Hennepin }

Certificate No. 101823 NOV 4 1942
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Barton Morse (Name on Original Certificate) who born (Was Born or Died) on June 22, 1922 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by baby's record book (Bible Record, Insurance Policy, Etc.) prepared on June 22, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Barton Morse
Date	June 21st	June 22, 1922

Subscribed and sworn to before me this 30th day of October, 1942

Geo F. Root

Notary Public, residing at

My commission expires
(Seal)

Signed Isabel Barton Morse (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

300 W. Elmwood Place Minneapolis Minn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Minnesota } ss.
County of Hennepin }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of October, 1942

Geo F. Root

Notary Public, residing at

My commission expires
(Seal)

Signed Guilford A. Morse (Father)
(Signature of Any Credible Person Other Than Previous Year)

300 W. Elmwood Place Mpls Minn
(Street Address, City, State)

MAY 1 1944

134-202-001-993

PLACE OF BIRTH

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 1004 File No. 101824

No. ____ St.

Primary Registration District No. ____ Registered No. 282

Hospital St. Alphonsus

Full Name of Child Allison Rosemary Almond

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female		11	Yes	7 - 2 - 1922

	FATHER	MOTHER
FULL NAME	Frank Willis Almond	FULL MAIDEN NAME Nyhl Gertrude Picken
RESIDENCE	1800 Harrison B, Boise, Idaho	RESIDENCE 1800 Harrison Blvd. Boise, Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Aspin, Colo.	BIRTHPLACE Ottawa, Canada
OCCUPATION	Physician	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill a.s.

Physician (Physician or midwife)

Address 319 Empire B. Boise Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

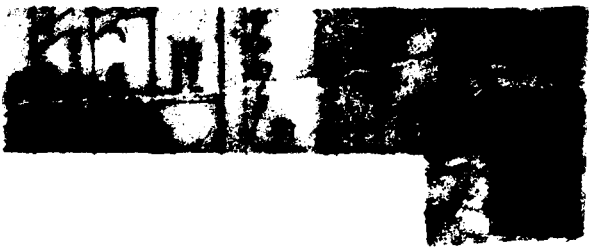
Filed July 5 1922

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING



645 - 213-001-115

Amended 2-16-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 101825
Local Reg. No. 2
Reg. Dist. No. 9 & 10

1. PLACE OF BIRTH

a. COUNTY: Ada

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Eagle

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Ada

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Eagle

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Aloisia b. (Middle): W. c. (Last): Odermott

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): June 13, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Walter b. (Middle): c. (Last): Odermott

8. AGE (At time of this birth): 33 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Switzerland

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ottalena b. (Middle): c. (Last): Jantz

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Poland

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Geo. M. K. Hall

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Eagle, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 15, 1922

22. REGISTRAR'S SIGNATURE: Orville Jackson

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES NO DATE

OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

1-23-67

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 101825

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ella Minnie Odermott (Name on Original Certificate) who was born (Was Born or Died) on June 13, 1922 (Date of Event)
in Eagle Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Ella Minnie Odermott	Aloisia W. Odermott

Subscribed and sworn to before me this 23 day of January, 19 67

Notary Public, residing at Boise, Idaho

My commission expires 1-20-70

(Seal)

Signed Orville L. Harder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1 Box 404B Emmett Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

1 Cp pd rec # 5874

Baptismal Certificate issued within the first year of birth gives name as Aloisia Wilhelmina Odermott. Certificate issued by luthern church on April 29, 1923. Child born June 13, 1922.
Viewed by V. S.

Certificate of Confirmation issued by L. D. S. church on March 12, 1954 Confirmed Feb 7, 1954 by Elder Owen J. Jacobs. Childs name is listed as Aloisia W. Odermott Harris.

Viewed by V. S.

319-122-001-154

PLACE OF BIRTH

RECEIVED
JUN 28 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle (near) Registration District No. 9 + 10 File No. 101826

No. — St.

Hospital — Primary Registration District No. 9+10 Registered No.

FULL NAME OF CHILD Kenneth Claude Carter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 22 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	L. A. Carter	FULL MAIDEN NAME	Claudia R. Anderson
RESIDENCE	Eagle, Idaho	RESIDENCE	Eagles, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Virginia	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 05 p. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19...

..... Registrar.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise + Idaho

Filed June 1 192 2 Louise Jackson Registrar.
Eagle Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-217-001-714

PLACE OF BIRTH

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle School Dist

No. ..... St.

Registration District No. 8 File No. 101827

Hospital .....

Primary Registration District No. 2008 Registered No. 43

FULL NAME OF CHILD Kura Nanny Lillegard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Ok		yes	June 17 1922

What bactericidal solution was used in eyes? Credis Solution

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Carl J Lillegard	FULL MAIDEN NAME	Mary C Paulson
RESIDENCE	Eagle School District	RESIDENCE	Eagle School District
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive at 2.30 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Address Bruce Idaho

Filed June 30 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 30 1942

545-121-001-235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101829

County of Ada

City of Boise

No. near 5 mi. School

Registration District No. 8

File No.

Hospital —

Primary Registration District No. 2008

Registered No. 40

FULL NAME OF CHILD Theodore Dean Emery
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	June 21, 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	A. Emery	FULL MAIDEN NAME	Ida L. Stewart
RESIDENCE	near 5 Mile School, Boise, Idaho	RESIDENCE	near 5 Mile School Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Maine	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.42 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor, M.D.
(Physician or midwife)

Address Boise, Idaho

Filed June 28 1922 R. M. Peak
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

498-101-001-789

PLACE OF BIRTH

JUL 0 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ½ mi S. Ustick Registration District No. 8 File No. 101830

Hospital Primary Registration District No. 2008 Registered No.

FULL NAME OF CHILD Charles Scott Urquhart 41
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	June 1, 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Charles Urquhart	FULL MAIDEN NAME Daisy M. K. Phillips
RESIDENCE ½ mi S. Ustick, Idaho	RESIDENCE ½ mi S. Ustick, Idaho
COLOR W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Aberdeenshire, Scotland	BIRTHPLACE Bournemouth, England
OCCUPATION Carpenter	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 20 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. T. Braxton M.D.
(Physician or midwife)

Address Boise, Idaho

Filed June 28 1922 R. N. Todd
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 23 1951

689-216-001-258

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

County of Ada

City of Boise

No. 1mi S. Perkins

Registration District No. 8 File No. 101831

Hospital

Primary Registration District No. 2008 Registered No. 4m

FULL NAME OF CHILD Opal Mae Whittington

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	June 16 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER

FULL NAME: John K. Whittington

RESIDENCE: 1mi S. Perkins Sta., Boise, I.

COLOR: W. AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Vivian Snyder

RESIDENCE: 1mi S. Perkins Sta., Boise, Idaho

COLOR: W. AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 00 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Branton M.D. (Physician or midwife)

Address Boise, Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed June 29 1922 R. N. Pratt Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1 1942

863-126-003-759

CE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF STATISTICS

County of Bannock
City of Chesterfield
No. ____ St.
Hospital ____

Registration District No. 84 File No. 101832
Primary Registration District No. 2161 Registered No. ____

FULL NAME OF CHILD L.A. Holbrook
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	5-26-22 1922

What bactericidal solution was used in eyes? arg 20 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lafe Holbrook	FULL MAIDEN NAME	Anita Perkins
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Bountiful Utah	BIRTHPLACE	Chesterfield
OCCUPATION	Stock man	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was b a (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter E Peach M.D.
(Physician or midwife)

Address Bancroft

Filed 7-1-22 1922 Walter E Peach
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-109-003-639

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Hatch

No. ____ St.

Hospital ____

Registration District No. 84 File No. 101833

Primary Registration District No. 2161 Registered No. ____

FULL NAME OF CHILD R.Osborne Hatch Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	6-9-22 192

What bactericidal solution was used in eyes? arg 20 %

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	R.O. Hatch	FULL MAIDEN NAME	Nellie Flinders
RESIDENCE	Hatch	RESIDENCE	Hatch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Hatch	BIRTHPLACE	? Idaho
OCCUPATION	Farmer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter E Bach MD

(Physician or midwife)

Address Bancroft

Filed 7-1-22 192

Walter E Bach
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-114-003-818

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 335 N. Hayes St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101835

Registration District No. 28 File No. 18

Primary Registration District No. 2 1 Registered No. 4315

FULL NAME OF CHILD Howard Sly
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 14 1922

What bactericidal solution was used in eyes? 17 Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Howard Franklin Sly	FULL MAIDEN NAME	Neva Elinoor Haynes
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Franklin, Missouri	BIRTHPLACE	Oskosh Wisconsin
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello, Idaho

Filed 6-1 1922 J. C. Young H.C. Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-116-003-439

PLACE OF BIRTH

RECEIVED JUL 22

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101836

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. ..... File No. .....

Hospital .....

Primary Registration District No. 2161 Registered No. 4376

FULL NAME OF CHILD Albert Morris Pershall
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	5-16-1922

What bactericidal solution was used in eyes? 10 % Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Ralph H. Pershall	FULL MAIDEN NAME	Mary McRae
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	Wh. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	Wh AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Minn
OCCUPATION	R. R. Shops	OCCUPATION	house wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Kay MD
(Physician or midwife)

Address Pocatello

Give names added from a supplemental report.

..... 19....

..... Registrar.

Filed 6-1 1922 J. R. Young H. C. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-10-41

993-217-003-213

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101837

County of Bannock

City of Pocatello

No. 1445 E. Clark St.

Registration District No. 2-8 File No. 78

Hospital

Primary Registration District No. 3161 Registered No. 4377

FULL NAME OF CHILD Ruby Edith Richards
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	May 17 1922

What bactericidal solution was used in eyes? 17. AgNO3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Linford Richards	FULL MAIDEN NAME	Edith Ball
RESIDENCE	~~Macon City, Missouri~~ Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Macon City Missouri	BIRTHPLACE	Lewis Station, Missouri
OCCUPATION	Boiler Maker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was four alive, at 79 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 6-1 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1942

OCT 24 1952

JUN 28 1960

669-217-003-294

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 2 BUREAU

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1124 N. Harrison St.

Registration District No. _____ File No. 101838

Hospital _____ Primary Registration District No. _____ Registered No. 4378

FULL NAME OF CHILD Norma Workman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	May 17 1922

What bactericidal solution was used in eyes? 17.9 g NO_3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Jacob Workman	FULL MAIDEN NAME	Lucy Coila Simpson
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Park City Utah.	BIRTHPLACE	Basin Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Brothers
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 6-1 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-117-003-884

PLACE OF BIRTH

RECEIVED JUN 2 1924 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101839

County of Bannock

City of Pocatello

No. 733 S. 9th St.

Registration District No. 25 File No. 13

Hospital

Primary Registration District No. 2161 Registered No. 4371

FULL NAME OF CHILD Gordon Clyde Thomas

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 17 1924

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Willis Stonge Thomas	FULL MAIDEN NAME	Elaine Maria Hyde
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Boise Idaho	BIRTHPLACE	Layton, Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 6-4-1924 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 31 1941

MAR 12 1973

419-118-003-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Lava Hot Springs

No. ..... St.

Hospital .....

RECEIVED JUN 22 1922 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 28 File No. 101840

Primary Registration District No. 2161 Registered No. 4380

FULL NAME OF CHILD Norman Elza Monroe Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	5 - 18 - 1922

FATHER		MOTHER	
FULL NAME	David Elza Monroe Martin	FULL MAIDEN NAME	Lela Richards
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ida	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

Argerol -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 05 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. Wigtesworth M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lava Hot Springs

Filed 6-1 1922

Registrar

J. R. Young H. C. Registrar

Dep of 1922 - 236691

556-120-003-595

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 101841

Hospital Pocatello Gen'l Primary Registration District No. 2161 Registered No. 4351

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
X		yes	5 / 20 / 1922

What bactericidal solution was used in eyes? 15% argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chester Herbert Newton	FULL MAIDEN NAME	Phyllis Marie Vinton
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Greeley, Colo.	BIRTHPLACE	Montana
OCCUPATION	Lather	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Premature) ....., at 4:30 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed 6-1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 101841

Registration Dist. No. .....

Sex of Child Male

Date of Birth .....192....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATIS-

363-221-003-251

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St. ..... Registration District No. N 28 ..... File No. 101842

Hospital ..... Primary Registration District No. 2661 ..... Registered No. 4382

FULL NAME OF CHILD Lennie Margaret Telfer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fr		Yes	5 21 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James Telfer	FULL MAIDEN NAME	Lennie Sears
RESIDENCE	Minnidoka	RESIDENCE	Minnidoka
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Scotland	BIRTHPLACE	Idaho
OCCUPATION	Sheepman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. C. Kay M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Pocatello Ida

Filed 6-1 1922 J. R. Young H.C. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME CHANGE

DUP OF 22-421994

386-122-003-619

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 4085 3 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 101843

Primary Registration District No. 2141 Registered No. 4325

FULL NAME OF CHILD Stanley Wesley Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 22 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Melton Woodruff Thompson	FULL MAIDEN NAME	Mary Ann Waddle
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Smithfield, Utah.	COLOR	White
OCCUPATION	Laborer.	BIRTHPLACE	South Jordan, Utah.
		OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Crockett
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

Filed 6-1 1922

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 10 1942

659-222-003-574

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 2 1922

CERTIFICATE OF BIRTH 101844

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 78

Hospital St Anthony

Primary Registration District No. 2161 Registered No. 4384

FULL NAME OF CHILD Maria Carmen Fernandez
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 22 1922 (Year)
X.		yes	

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph Fernandez	FULL MAIDEN NAME	Petra Egurrola
RESIDENCE	Pocatello, Ida	RESIDENCE	Same
COLOR	Spanish	COLOR	Spanish
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Laborer (O.S.L.)	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7:20 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Ray

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed 6-1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 8 1954

are compelled to furnish cer[illegible] [illegible], it is important that the certifi[illegible] [illegible]ed with the BUREAU OF VITAL STATISTICS and the same complet[illegible] by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922

CERTIFICATE OF BIRTH 101845

City of Pocatello

No. 765-122-003-993 St. Registration District No. 28 File No. 18

Hospital Pocatello Gen. Primary Registration District No. 2161 Registered No. 4380

FULL NAME OF CHILD Frank Lewis Packard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 22 (Year) 1922
M		yes	

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Wm Elwood Packard	FULL MAIDEN NAME	Clethia Orris Rice
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Fontana Kansas	BIRTHPLACE	Pocatello, Ida.
OCCUPATION	Telegrapher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 10 40 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Kay

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed 6-1 1922 R. Young H.C. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for ea[illegible] and the number of each, in order of birth stated.

MAR 24 [illegible]

[redacted]
MAR 12 1958

359-119-003-653

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101846

County of Bannock RECEIVED JUN 2

City of Pocatello JUNEAU

No. 340 W. Hyde St. Registration District No. 4 File No. 15

Hospital ____ Primary Registration District No. 2161 Registered No. 4356

FULL NAME OF CHILD Jay W. Terry

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	5-19-1922

What bactericidal solution was used in eyes? Arg. nit. 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Leo G. Terry	FULL MAIDEN NAME Martha Wells
RESIDENCE	Pocatello	RESIDENCE Pocatello
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Utah	Utah
OCCUPATION	Shop Hlp.	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) [illegible]

Physician

(Physician or midwife)

Address Pocatello

Filed 6-1-1922 [illegible] Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1965

JUL 16 1943

893-124-003-381 Child's name, sex, & Mother's name amended
6-18-91 MCM

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. 343 N 10th
Hospital

Registration District No. 28 File No. 101848
Registration District No. 2161 Registered No. 4388

FULL NAME OF CHILD ~~Leander E. Hill~~ BETTY MAY HILL
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE ~~male~~		yes	May 24 1922

What bactericidal solution was used in eyes? 17 AgNO3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Leander E. Hill	FULL MAIDEN NAME	Caroline ~~Chadwick~~ CHADWICK
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Fontain Green Utah	BIRTHPLACE	Milford Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Filed 6-1 1922 J. R. Young H.C. Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-15-91

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUN 06 1991
VITAL STATISTICS UNIT

State of IDAHO
County of BANNOCK } ss.

Certificate No. 101848
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Leander E Hill (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 24, 1922 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Leander E Hill	Betty May Hill
Sex of child	Male	Female
Mother's maiden name	Caroline Chatwick	Caroline Chadwick

Subscribed and sworn to before me this 31ST day of May, 1991.

X Notary Public, Linda T. Pohlman
Residing at Lakeside, CA.
My commission expires 3-27-92
(Seal)

X Vicky M. Lo France
Signature of Applicant

X 13241 Bachtree St Lakeside
Street Address, City, State Cal 92040

OFFICIAL SEAL
LINDA T. POHLMAN
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
My Commission Expires Mar. 27, 1992

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc Pd

JUN 1 8 1991

LDS HISTORICAL DEPARTMENT shows Betty May Rogers born May 24, 1922 in Pocatello, daughter of John J Rogers and Carrie Chadwick and baptized Apr 3, 1932 by Grant C Andnesen. Viewed by VS.

CA death certificate shows Betty May Unander died Jan 11, 1973 in Lakeside, CA (Female) born May 24, 1923 in Idaho to George LaDam and Caroline Chadwick. Viewed by VS.

433-129-003-918

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

REC... JUN 22 BUREAU

CERTIFICATE OF BIRTH

101849

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28

File No. 18

Hospital .....

Primary Registration District No. 2161

Registered No. 4389

FULL NAME OF CHILD Charles Wallace McCormick
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5 29 1922

What bactericidal solution was used in eyes? 10 % Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chas D McCormick	FULL MAIDEN NAME	Sallie M Ray
RESIDENCE	Arimo	RESIDENCE	Arimo
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ohio	BIRTHPLACE	Ind
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD
(Physician or midwife)

Address Pocatello Idaho

Filed 6-1 1922 L. R. Young H.C. Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-229-003-781

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 22 19[illegible]

County of Bannock

City of Pocatello

No. 815 N. 10 St.

Registration District No. 28 File No. 101850

Hospital Primary Registration District No. 2161 Registered No. 4390

FULL NAME OF CHILD Shirley Grace Totten.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f		Yes	5-29-192[illegible]

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lloyd Totten	FULL MAIDEN NAME	Wilma Grace Harris
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Nebr	BIRTHPLACE	Idaho
OCCUPATION	Am Exp Clerk	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 6-1 1922 J. C. Young
H. C. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1941

JUN 26 1942

413-130-003-653

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 2 1922

CERTIFICATE OF BIRTH 101851

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 78

Hospital General

Primary Registration District No. 2161 Registered No. 4391

FULL NAME OF CHILD Wm Francis ~~McCauley~~ Mac Auley Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	5-30-1922

What bactericidal solution was used in eyes? Ag No3 1%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	William Francis ~~McCauley~~ MacAuley	FULL MAIDEN NAME	Florence Wellor
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Canada	BIRTHPLACE	Los Angeles
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Roberts

Physician
(Physician or midwife)

Address Pocatello

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 6-1 1922 J. P. Young H.C. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-109-003-412

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. ..... St.

Hospital Geril

RECEIVED JUN 22 1922 BIRTH STATISTICS

CERTIFICATE OF BIRTH

101852

Registration District No. 28 File No. 78

Primary Registration District No. 2161 Registered No. 4357

FULL NAME OF CHILD Wm Marion Lincoln
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	2-9-1922

What bactericidal solution was used in eyes? Nitrate Silver

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Wm James Lincoln	FULL MAIDEN NAME	Myrtle Iva Mason
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Pa.	BIRTHPLACE	Kans
OCCUPATION	Car repairer	OCCUPATION	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M D
Pocatello
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address

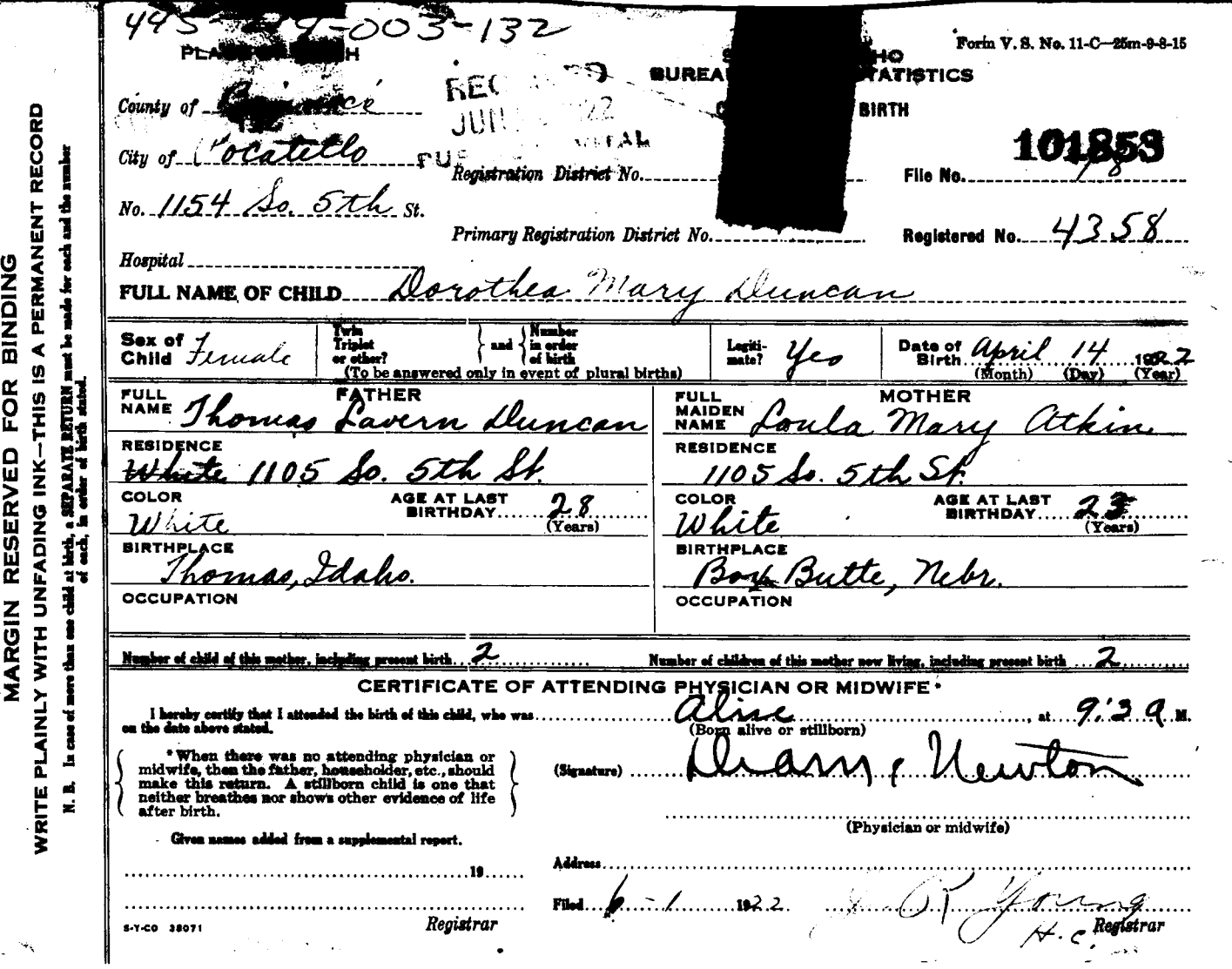
Filed 6-1 1922

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

GGS

OCT 3 1960



445-[illegible]-003-132

PLA[illegible]H

Form V. S. No. 11-C—25m-9-8-15

S[illegible]HO
BUREA[illegible]TATISTICS
[illegible] BIRTH

County of [illegible]

City of Pocatello

No. 1154 So. 5th St.

Registration District No. [illegible]

File No. 101853

Primary Registration District No.

Registered No. 4358

Hospital

FULL NAME OF CHILD Dorothea Mary Duncan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 14 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Thomas Lavern Duncan	FULL MAIDEN NAME Loula Mary Atkin
RESIDENCE ~~White~~ 1105 So. 5th St.	RESIDENCE 1105 So. 5th St.
COLOR White — AGE AT LAST BIRTHDAY 28 (Years)	COLOR White — AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Thomas, Idaho.	BIRTHPLACE Box Butte, Nebr.
OCCUPATION	OCCUPATION

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:39 A.M. on the date above stated.

(Signature) Diana C. Newton

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address

19

Filed 6-1 1922

J. R. Young H.C. Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 28 1972

191-118-003-764

RECEIVED
JUN 22 19[illegible]
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bannock

City of Lava Hot Springs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 28

Primary Registration District No. 2161

File No. 101855

Registered No. 4360

FULL NAME OF CHILD Warren Richard Grave

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	4 18 1922

FATHER

FULL NAME: Joseph Eastman Grave

RESIDENCE: Lava Hot Springs Ida

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Bay Sault Ida

OCCUPATION: Plumber

MOTHER

FULL MAIDEN NAME: Enid Monthella Godfrey

RESIDENCE: Lava Hot Springs Ida

COLOR: White

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Lava Hot Springs Ida

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

Married

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 12 40 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. Wigglesworth M.D.

(Physician or midwife)

Address Lava Hot Springs Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6-1 1922

J. E. [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-122-003-285

PLACE OF BIRTH

RECEIVED JUN 22 192 BUREAU STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 637 West Lewis St.

Hospital

Registration District No. 28 File No. 101856

Primary Registration District No. 2161 Registered No. 4361

FULL NAME OF CHILD WILLIAM HONG
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1		1	Yes	April 22, 1922.

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER	MOTHER
FULL NAME Hong Kee (died Jan. 1, 1922)	FULL MAIDEN NAME Leung Shee
RESIDENCE 637 West Lewis Street, Pocatello.	RESIDENCE 637 West Lewis, Pocatello, Idaho.
COLOR Mongolian AGE AT LAST BIRTHDAY 53 yr. (Years)	COLOR Mongolian AGE AT LAST BIRTHDAY 43 yr. (Years)
BIRTHPLACE China	BIRTHPLACE China
OCCUPATION Proprietor Store and Cafe	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:00 p.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 Photostat copy 12/17/41

Give names added from a supplemental report.

(Signature) C.H. Sprague

C.H. Sprague, M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Filed 6-1 1922 [signature] H.C. Registrar.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1941

OCT 16 1959

Amended 4-20-61

PLACE OF BIRTH

128-202-003-955

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 225 W. Bridges St.

Hospital

Registration District No. 28

Primary Registration District No. 2161

File No. 101858

Registered No. 4363

FULL NAME OF CHILD Ella Mae Ashcraft
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	May 2, 1962

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER

FULL NAME: James Ashcraft

RESIDENCE: 225 W. Bridges

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Indiana

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Edna Maud Reese

RESIDENCE: 225 W. Bridges

COLOR: White

AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) J. H. Lynn

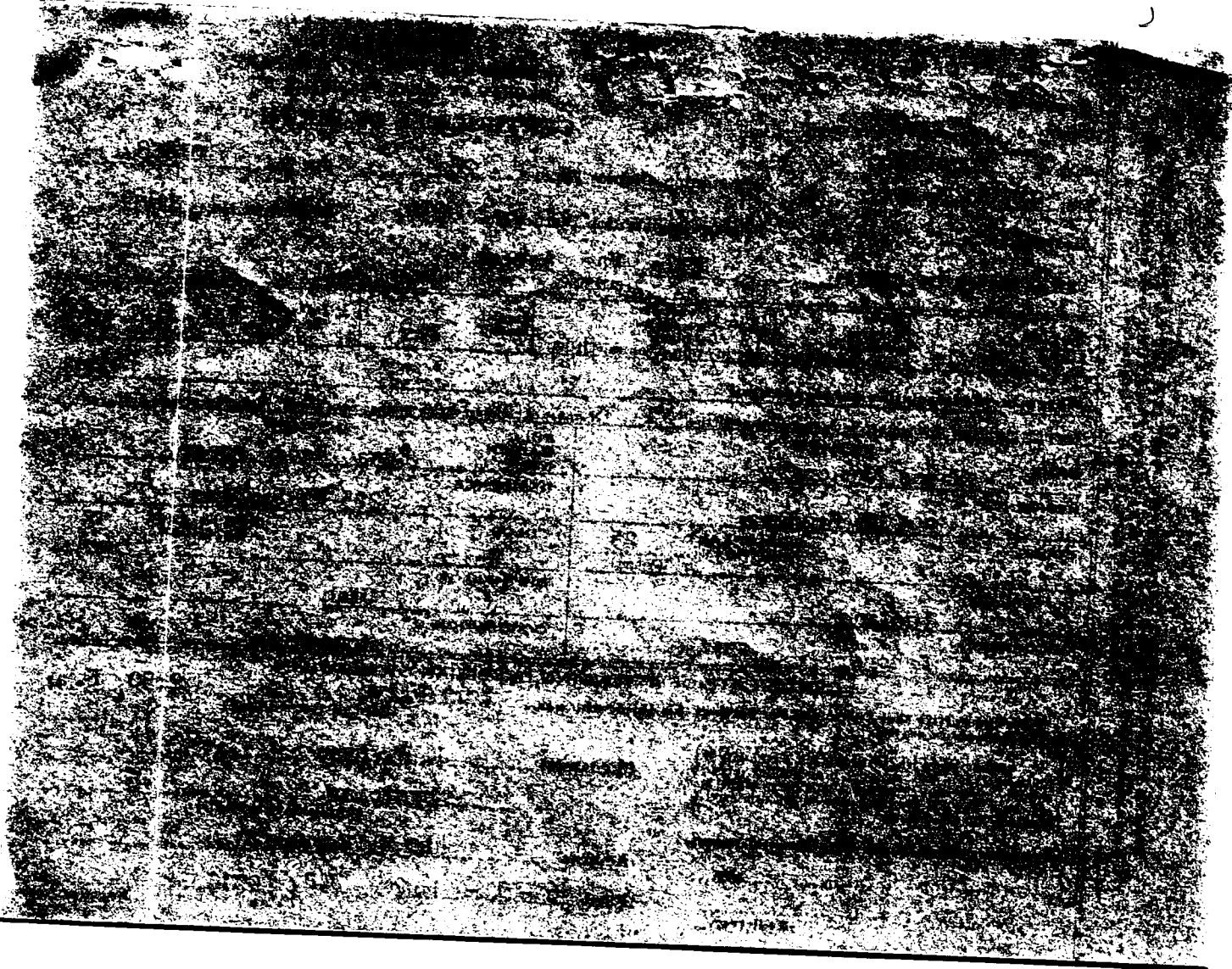
Physician
(Physician or midwife)

Address 440 W. Hayden St.

Filed 6-1-1962 J.R. Young
H.C.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock County } ss.

Certificate No. 101858

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ella May Ashcraft (Name on Original Certificate) who was born (Was Born or Died) on May 2, 1922 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism Certificate (Bible Record, Insurance Policy, Etc.) prepared on Jan 11 1931 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ella May Ashcraft	Ella Mae Ashcraft
Mother's Maiden Name	Reece	Edna Maud Reese

Subscribed and sworn to before me this 17th day of April, 1961

Notary Public, residing at Pocatello, Idaho
My commission expires 9-4-63
(Seal)

Signed Mrs James Ashcraft
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

605 North 11th, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of April, 1961

Notary Public, residing at Pocatello, Idaho
My commission expires 9-4-63
(Seal)

Signed Mrs Vivian Glenn
(Signature of Any Credible Person)

270 Randolph, Pocatello, Idaho
(Street Address, City, State)

FORM DN 60-(1A) L 4-12--61. one copy pd. receipt #14638.

Pocatello Public Schools Diptheria Protection Certificate, Dec. 5, 1930 Pocatello, Idaho, certificate is signed by D.C. Ray, M.D. - gives full name of student as Ella Mae Ashcraft, age 8 - viewed by V.S.

L.D.S. Church Certificate of Baptism and Confirmation, January 11, 1931 gives full name of child as Ella Mae Ashcraft, born May 2, 1922 at Pocatello, Idaho to James Ashcraft and Edna Maud Reese - viewed by V.S.

Public Schools Certificate of Award (for being neither absent nor tardy) School year ending May 14, 1915 - gives full name of student as Edna Reese, certificate has been signed by Lulah E. Smith, Superintendent - viewed by V.S.

281-102-003-291

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Idaho

Registration District No. 28 File No. 101859

No. W. Pocatello St.

Primary Registration District No. 2161 Registered No. 4364

Hospital

FULL NAME OF CHILD Melvin Shaurbammer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 2 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William P. Shaurbammer	FULL MAIDEN NAME	Mary Krahenbuhel
RESIDENCE	West Pocatello Idaho	RESIDENCE	West Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Germany	BIRTHPLACE	Switzerland
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. [illegible]

(Physician or midwife)

Given names added from a supplemental report.

19

Address 440 W. Hayden St.

Registrar

Filed 1 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-102-003-743

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN ... 1922

CERTIFICATE OF BIRTH 101860

Registration District No. 7 8 File No. 78

Primary Registration District No. 161 Registered No. 4366

FULL NAME OF CHILD Donn Russel Walsh

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	5-2-1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Edw James Walsh	FULL MAIDEN NAME	Ethlyn Gladys Puckett
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wis.	BIRTHPLACE	N. Dak
OCCUPATION	Movie Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray M.D.

(Physician or midwife)

Address Pocatello

Filed 6-1 1922 G A Young Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1965

355-103-003-313

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 308 W Fremont St.

Hospital

RECEIVED JUN 22 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 101861

Primary Registration District No. 2161 Registered No. 4367

FULL NAME OF CHILD Lee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	May 3 1922

What bactericidal solution was used in eyes? 1% $AgNO_3$

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William Wesley Lee.	FULL MAIDEN NAME	Bertha May Salvomondier
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Schnute Kansas	BIRTHPLACE	Oklahoma.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Filed 6-1 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SIST BY FURNI

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 101861

Registration Dist. No. .....

Sex of Child Male

Date of Birth .....192....

Father ..... (Full Name)

Mother ..... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is im-

851-104-003-555

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 101862

Hospital Pocatello Genl Primary Registration District No. 2161 Registered No. 4368

FULL NAME OF CHILD Richard Gordon Heath
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	5/4 1922

What bactericidal solution was used in eyes? 20 % argyroll.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clarence T. Heath	FULL MAIDEN NAME	Lucille Needham
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Binghampton N.Y.	BIRTHPLACE	Logan, Utah
OCCUPATION	R.R. Mail Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 10 M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address

Filed 6-1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

the na

PLEASE ASSIST B[illegible]HING THE NAME OF YOUR CH[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Rocatello Idaho
- Street: 856 E. Carter St
- County: Bannock

File Number: 101862

Registration Dist. No.: 13

Sex of Child: Male

Date of Birth: May 4th 1922

Father: Clarence Teardall Heath
Full Name

Mother: Lucille Needham
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Richard Gordon Heath
Child's Name in Full

C. L. Heath
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is im-

551-106-003-653

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello Gen'l

RECEIVED JUN 22 1922 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101863

Registration District No. 28 File No. 78

Primary Registration District No. 2161 Registered No. 4369

FULL NAME OF CHILD Lionel Eugene Evans
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	5/6/1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Albert Harry Evans	FULL MAIDEN NAME	Mary E. Welker
RESIDENCE	Robin, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Robin, Idaho	BIRTHPLACE	Woodlake, Nebraska
OCCUPATION	Groceryman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Ray

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed 6-1 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 26 1954

MAY 11 1973

DECEASED

466-207-005-867

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922

County of Bannock
City of Pocatello
No. ..... St.
Hospital .....

CERTIFICATE OF BIRTH 101864

Registration District No. 28 File No. 78
Primary Registration District No. 2161 Registered No. 4370

FULL NAME OF CHILD Francis May Moore
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fr		yes	5-7-1922

What bactericidal solution was used in eyes? 10% argy

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Thomas C Moore	FULL MAIDEN NAME	Mary B Hopkins
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh AGE AT LAST BIRTHDAY 31 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ida
OCCUPATION	R R Engineer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 40 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD
(Physician or midwife)

Address Pocatello

Filed 6-1 1922 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1 1942

MAY 17 1951

324-209-003-324

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 28

File No. 101865

No. ..... St.

Primary Registration District No. 2161

Registered No. 4371

Hospital .....

FULL NAME OF CHILD Sumia Tsuboi

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May (Month) 9th (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James Tsuboi	FULL MAIDEN NAME	Joski Tsuboi
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laborer	OCCUPATION	Labors Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 30 a M on the date above stated. 2 Photostat copies 12/22/41 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Althea Lewis

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon Idaho

Filed 6-1 1922 J. R. Young

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 22 1941

23-209-003-257

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101866

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28

File No. .....

Hospital Pocatello Gen'l Primary Registration District No. 2161 Registered No. 4372

FULL NAME OF CHILD Ruth Alabastia St. Marie.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	5 9 1922

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo Phillip St. Marie	FULL MAIDEN NAME	Harriett Brown
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Pocatello Idaho	BIRTHPLACE	Pocatello, Idaho.
OCCUPATION	Hotel Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 4 45 P. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gary

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 6-1 1922 J. C. Young
N. C. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-211-003-155

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Lava Hot Springs

No. ..... St.

Hospital .....

Registration District No. 28

File No. 101867

Primary Registration District No. 2161

Registered No. 4373

FULL NAME OF CHILD Idona Myrtle Byington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	5 11 1921

FATHER		MOTHER	
FULL NAME	Herbert Edward Byington	FULL MAIDEN NAME	Elsie Delora Avery
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Lava Hot Springs	BIRTHPLACE	Kenosh Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

Argerol -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Winston

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lava Hot Springs

Registrar

Filed 10-1 1922 J. R. Young Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 19 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

JUL 13 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lava Hot Springs

Street: Ida

County: Bannock

File Number: 101867

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 11th 1922

Father: Herbert Byington (Full Name)

Mother: C. Lou Byington (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Idora Myrle Byington
Child's Name in Full

Herbert Byington
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-111-003-168

PLACE OF BIRTH

RECEIVED
JUN 22 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101868

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 28 File No. 78

Primary Registration District No. 2161 Registered No. 4384

FULL NAME OF CHILD Patrick Irvin Bonett

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	May 11 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Ambrose M Bonett	FULL MAIDEN NAME Stanley Johnson
RESIDENCE Pocatello 1538 E Center	RESIDENCE Pocatello Idaho 1338 E Center
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE England	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3-40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Carl W Clark MD

Physician

(Physician or midwife)

Address .....

Filed 6-1 1922 J. C. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-204-003-955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Topons

No. ..... St.

Hospital .....

Registration District No. 84 File No. 101870

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Zola May Brangham
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	2-4-22 192....

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 9

	FATHER		MOTHER
FULL NAME	Oliver brangham	FULL MAIDEN NAME	Laverba Rees
RESIDENCE	Topons	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Logan Utah	BIRTHPLACE	Brigham Utah
OCCUPATION	Farmer	OCCUPATION	h.w.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 OP.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed 6-1-22 192.. Walter L. Bach
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 18 1972

Amended 10-29-58

PLACE OF BIRTH
168-224-00B-GSS

STATE OF IDAHO
DEPT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Hatch

No. ..... St.

Registration District No. 84 File No. 101871

Hospital ..... Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Dorothy Arvella Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes	May 24, 1922

What bacteriolidal solution was used in eyes? arg 20%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Arve Johnson	FULL MAIDEN NAME: Valeria Weeks
RESIDENCE: Hatch	RESIDENCE:
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Logan	BIRTHPLACE: Logan
OCCUPATION: Farmer	OCCUPATION: H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Walter L. Bach, M.D.
(Physician or midwife)

Address Bancroft

Filed 6 - 1 1922 Walter L. Bach
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

To Correct Mother's Name - Utah Marriage License, Jan. 26, 1921; and Cache County Public School Record gives name as Valeria Weeks - viewed by V.S. To correct Child's Name - (May 10, 1912)

Social Security Card #529-18-2511 - Beneficial Life Insurance App. Policy #140328; Own and Utah Marriage License Child's Birth Cert. (Montana) March 18, 1944 gives name as Dorothy Arvella Johnson - viewed by V.S. Feb. 19, '55

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Cache } ss.

Certificate No. 101871

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorothea Johnson (Name on Original Certificate) who born (Was Born or Died) on May 24, (Date of Event)
in Hatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on July 2nd, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Dorothea Johnson	Dorothy Arvella Johnson
Date of Birth	May 24	May 24, 1922
Full Maiden Name of Mother	Valeria Weeks	

Subscribed and sworn to before me this 5th day of July, 19 58

Notary Public, residing at Smithfield, Utah
My commission expires My Commission Expires Jan. 23, 1960
(Seal)

Signed Valeria W. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

229 So. 2nd East Smithfield, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

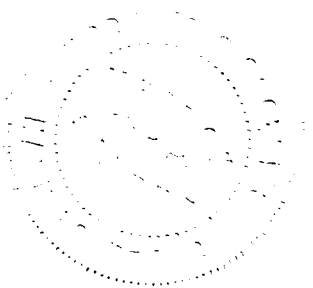
Subscribed and sworn to before me this 5th day of July, 19 58

Notary Public, residing at Smithfield, Utah
My commission expires My Commission Expires Jan. 23, 1960
(Seal)

Signed Luella N. Simpson
(Signature of Any Credible Person)

128 So. Main Smithfield, Utah
(Street Address, City, State)

FORM DPH 55.155 CL 6-18-58. one copy pd.



168-224-003-216

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ____ St.

Registration District No. 84 File No. 101872

Hospital ____ Primary Registration District No. 2161 Registered No. ____

FULL NAME OF CHILD Baby Johnson, Female

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	5-24-1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME Joe L. Johnson	FULL MAIDEN NAME Rita Banks
RESIDENCE Bancroft	RESIDENCE
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Logan	BIRTHPLACE Logan
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. A. (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter L. Bach M.D.

(Physician or midwife)

Address Bancroft

Filed 6-1 1922 Walter L. Bach

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1946

252-208-003-955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

No. ..... St.

Registration District No. 84 File No. 101873

Hospital ..... Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Lettie Sessions
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	5-8-1922

What bactericidal solution was used in eyes? Arg 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Austin Sessions	FULL MAIDEN NAME	Lettie Kindtrachbacher
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Chesterfield	BIRTHPLACE	Lund
OCCUPATION	Farmer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter S Bach M.D.
(Physician or midwife)

Address Bancroft

Filed 6-1 1922 Walter S Bach
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-230-003-285

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ____ St.

Registration District No. 84

File No. 101874

Hospital ____

Primary Registration District No. 216

Registered No. ____

FULL NAME OF CHILD Beulah Peterson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	None	Yes	5-30-1922

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Peterson	Luella Bannock
RESIDENCE	Pocatello	Pocatello
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	27
BIRTHPLACE	Ogden Utah	Bloomington Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. a. (Born alive or stillborn) **at** 1 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) .....

.....
(Physician or midwife)

Address .....

Filed 6-1 1922 Walter P. Beach
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 101874

Date Filed

RECEIVED APR 23 1976 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Peterson (female) (Name on Original Certificate) who was born (Was Born or Died) on May 30, 1922 (Date of Event)
in Lund, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Beulah Peterson

Subscribed and sworn to before me this 21st day of April, 1976

Notary Public, residing at Idaho Falls

My commission expires

(Seal)

Signed Arthur G. Peterson, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bancroft, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of April, 1976

Notary Public, residing at Idaho Falls

My commission expires

(Seal)

Signed Arleen Simmons
(Signature of Any Credible Person)

1056 Wellesley
(Street Address, City, State)
Idaho Falls, Idaho

FORM DH 60-155 CL 4/7/76 RUSH

Certif of Blessing from the LDS Church gives name as Beulah Peterson daughter of Arthur G. and Luella Ellen (Thornock) Peterson. May 29, 1922 at ~~km~~ Lunda, IDAO · Blessed July 2, 1922. viewed by V. S.

APR 2 6 1976

Marriage License and Certificate from Idaho gives name as Beulah Peterson and Perry Smith as the grom. dated March 15, 1946. viewed by V. S.

415-204-003-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101876

County of Bannock
City of Pocatello
No. 413 So. 4th Ave. Registration District No. 28 File No. 78
Hospital Home Primary Registration District No. 2161 Registered No. 4393

FULL NAME OF CHILD Estella Davis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	May 4 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ira Davis	FULL MAIDEN NAME	Lila Estella Bloxham
RESIDENCE	413 So. 4th Ave.	RESIDENCE	413 So. 4th Ave.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Cathers, Wyoming	BIRTHPLACE	Downey, Idaho
OCCUPATION	Signalman	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Mrs Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Filed 5/1 1922 J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 9 1959

MAR 9 1943

215-205-003-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 8 1922

CERTIFICATE OF BIRTH

101877

County of Bannock
City of Pocatello
No. 322 N. 10th Ave. St. Registration District No. 28 File No. 7
Hospital Home Primary Registration District No. 261 Registered No. 1394

FULL NAME OF CHILD Josephine Banei
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	May 5 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Paul Banei	Vincenza Scagnivini
RESIDENCE	322 N. 10th Ave	322 N. 10th Ave.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	33
BIRTHPLACE	Italy	Italy
OCCUPATION	Common Labor	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Emma V. Bird
Midwife
(Physician or midwife)

Address 418 So. 4th Ave.

Give names added from a supplemental report.

....., 19.....

Filed 7/1 1922 J. H. Young Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

812-206-005 PLACE OF BIRTH

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101878

County of Bannock
City of Pocatello
No. 320 N. 11th Ave, Registration District No. 28 File No. 78
Hospital Home Primary Registration District No. 2161 Registered No. 4395

FULL NAME OF CHILD Vera Hasty
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	May 6 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	John Albert Hasty	Thelma Ellenger Stone
RESIDENCE	320 N 11th Ave.	320 N. 11th Ave,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Estom Kansas	Riddle, Idaho
OCCUPATION	Common Labor	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Anna W. Bird
Midwife
(Physician or Midwife)

Address 419 So. 4th Ave.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/1 1922 J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-209-003-796

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 8 1922

CERTIFICATE OF BIRTH 101879

County of Bannock

City of Pocatello

No. 536 N. 6th Ave. Registration District No. 28 File No. 78

Hospital Home Primary Registration District No. 2161 Registered No. 4396

FULL NAME OF CHILD Maria Christenia Greco
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	May 9 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Carmelo Greco	FULL MAIDEN NAME	Alfonsa Giordano
RESIDENCE	536 N. 6th Ave	RESIDENCE	536 N. 6th Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Blacksmith	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 24 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ann H. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Filed 7/1 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 7 1969

749-210-003-231

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 440 N 3 ave St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101880

Registration District No. 28 File No. 78

Primary Registration District No. 2161 Registered No. 4397

FULL NAME OF CHILD Filomena Giuseppina Guido

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	5 10 1922

What bactericidal solution was used in eyes? agno3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Sam T. Guido	FULL MAIDEN NAME	Carmela Scanza
RESIDENCE	Pocatello Ida.	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	machinist	OCCUPATION	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 35 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Young

(Physician or midwife)

Address Pocatello

Filed 7/1 1922 J. P. Young Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 101880

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Filamina G.	Filomena Giuseppina Guido
Mother's name	Carmala	Carmela

Subscribed and sworn to before me this 29
day of June, 1942

Signed Salvatore Guido
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Pocatello
My commission expires June 6, 1946
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29
day of June, 1942

Signed Allen Gunn
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Pocatello
My commission expires June 6, 1946
(Seal)

(Street Address, City, State)

JUL 1 1942

JUL 3 1942

215-111-003-4

PLACE OF BIRTH

RECEIVED
JUL 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101881

County of Bann

City of Pocatello

No. ..... St.

Hospital General

Registration District No. 58 File No. 18

Primary Registration District No. 2161 Registered No. 4398

FULL NAME OF CHILD ~~Infant~~ Niles Kanomato
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 11 1922

What bactericidal solution was used in eyes? 17.9 NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chas. Kanomato	FULL MAIDEN NAME	Kamo Mase
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Prop. City Cleaners	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn (Born alive or stillborn), at 2 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young
(Physician or midwife)

Address Pocatello Ida

Filed 7/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-212-003-869

PLACE OF BIRTH

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101882

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 28

Hospital None

Primary Registration District No. 2141 Registered No. 4399

FULL NAME OF CHILD Jewel Beatris Newman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 12 1922

What bactericidal solution was used in eyes? 2 % Sol. Silver Nitratis

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	J. J. Newman	FULL MAIDEN NAME	Ella Horsley
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 40 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) John J. Roof M.D.
(Physician or midwife)

Address Pocatello Idaho.

Filed 7/1 1922 J. H. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 8 1974

JUN 29 1951

559 [redacted]

11-C—15m-6-20-11

Count [redacted] 883

City [redacted] File No. [redacted]

No. 426 N. Main

Primary Registration District No. 2161 Registered No. 4400

Hospital No

FULL NAME OF CHILD Amra Belle Neil

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Girl	One (To be answered only in event of plural births)	5	Yes	May 13 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Neil	FULL MAIDEN NAME	Nora Belle Cheek
RESIDENCE	Aldrich Mo 426 N. Main	RESIDENCE	Aldrich Mo. 426 N. Main
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Polk Co. Mo.	BIRTHPLACE	Dade Co. Mo.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.40 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Baugh

Physician (Physician or Midwife)

Given names added from a supplemental report

Address 606 N Garfield

..... 19.....

Filed 7/1 1922 J. Young

Registrar Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

35-416-003-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

101884

County of Bannock
City of Pocatello
No. 1444 East Center St. Registration District No. 28 File No. 18
Hospital Home Primary Registration District No. 2161 Registered No. 4401

FULL NAME OF CHILD Anthony John Sternling
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	May 16 1923

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Anthony William Sternling	FULL MAIDEN NAME Gertrude Victoria Wilcox
RESIDENCE	1444 East Center	1444 East Center
COLOR	white	white
AGE AT LAST BIRTHDAY	39 (Years)	29 (Years)
BIRTHPLACE	Bohemia	Minnesota
OCCUPATION	Bailer maker	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife

Give names added from a supplemental rep

....., 19

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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168-116-003-235

PLACE OF BIRTH

RECEIVED JUN

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101885

County of Bannock

City of Pocatello

No. 7th Ave St. Registration District No. 28 File No. 18

Hospital St Anthony's Primary Registration District No. 2161 Registered No. 4402

FULL NAME OF CHILD Edward James Johns Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	1	Yes	5/16/22 192...

What bactericidal solution was used in eyes? Silver Nitrate Sol 1% Inst.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edward James Johns	FULL MAIDEN NAME	Maude Sheehan
RESIDENCE	B #7 Quinn Apts.	RESIDENCE	B #7 Quinn Apts.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ruby Hill, Nevada	BIRTHPLACE	Butte, Montana
OCCUPATION	Plumber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **, at** 7 1/6 A.M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W.A. Eldridge
Physician
(Physician or midwife)

Address Pocatello, Ida.

Filed 7/1 192 2 J.W. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-216-005-265

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Registration District No. 28 File No. 10886

No. 1722 Sapp St. Primary Registration District No. 216 Registered No. 4403

Hospital

FULL NAME OF CHILD Frank Russel Nilsson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 16 1922

	FATHER	MOTHER
FULL NAME	Ivent. Nilsson	FULL MAIDEN NAME Wilhelmina Svendsen
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	33
BIRTHPLACE	Denmark	Norway
OCCUPATION	Blacksmith	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Madden
Physician
(Physician or midwife)

Address 312 Carlson Bldg Pocatello

Given names added from a supplemental report.

19

Registrar

Filed 7/1 19 22

J. H. Young
Registrar

AUG 28

681-167-003-862

PLACE OF BIRTH

JUL 8 1924
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

101887

CERTIFICATE OF BIRTH

County of Bannock
City of North of Pocatello
No. Ranch 2½ miles Registration District No. 28 File No. 101887
Hospital Home Primary Registration District No. 461 Registered No. 4404

FULL NAME OF CHILD Roy Yoshio Okamura
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	May 17 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Kameji Okamura	FULL MAIDEN NAME Miyoshi Yokota
RESIDENCE 2½ Miles N. of Pocatello	RESIDENCE 2½ Miles N. of Pocatello
COLOR Japanese	COLOR Japanese
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Farming	OCCUPATION Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:28 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 Photostat copy 12/18/41

(Signature) Mrs. Ann H. Bird
Midwife
(Physician or midwife)
Address 419 So. 4th Ave.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/1 1922
J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1955

743-117-003-269

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1922 VITAL STATISTICS

CERTIFICATE OF BIRTH

191888

County of Bannock

City of Pocatello

No. 546 E.Hayden Ave.

Registration District No. 28

File No.

Hospital St Anthony's

Primary Registration District No. 2161

Registered No. 4405

FULL NAME OF CHILD Jim Pulos

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male			Yes	May 17 1922

What bactericidal solution was used in eyes? 1% Ag No 3.

Number of child of this mother, including present birth 1

Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Dan Pulos	FULL MAIDEN NAME: Rene Kortoges
RESIDENCE: 546 E.Hayden	RESIDENCE: 546 E.Hayden
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Peglos, Greece	BIRTHPLACE: Mytelene, Greece
OCCUPATION: Machinist	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.

Physician

(Physician ~~or midwife~~)

Address Pocatello, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/1 1922

J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-231-003-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 744 N.Hayes St.

Registration District No. 28 File No. 101889

Hospital ////// Primary Registration District No. 2161 Registered No. 4406

FULL NAME OF CHILD Evelyn Maxine Porter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May ~~22~~ 31 1922

What bactericidal solution was used in eyes? 1% Ag No 3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	William R.Porter	FULL MAIDEN NAME	Ada Ruth Baldridge
RESIDENCE	Arbon, Idaho	RESIDENCE	Arbon, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Centralia, Ill.	BIRTHPLACE	Irvington, Ill.
OCCUPATION	Farmer	OCCUPATION	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:05. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

Physician
(Physician or midwife)

Address Pocatello, Idaho.

Filed 7/1 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 4 1950

236-224-003-855

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101890

County of Bannock
City of Pocatello
No. 7th Ave. St.
Hospital St. Anthony
Registration District No. 28
File No. 10
Primary Registration District No. 2141
Registered No. 4407

FULL NAME OF CHILD Doris Irene Stoker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1			yes	May 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1 gtt. 1% Silver nitrate sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	Raymond F. Stokes	FULL MAIDEN NAME	Lucy Henery
RESIDENCE	337 N. Author	RESIDENCE	337 North Arthur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Grand Forks N. D.
OCCUPATION	Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. M. Newton
(Physician or midwife)

Give names added from a supplemental report.

Address Pocatello Ida

Filed 7/1 1922 J. R. Young
Registrar.

..... , 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

191-225-003-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 78

Hospital Pocatello General Primary Registration District No. 2161 Registered No. 191891

FULL NAME OF CHILD Hope Grable
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 25 1922

What bactericidal solution was used in eyes? 1% Sol Nitrate Silver

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Guy Grable	FULL MAIDEN NAME	Lilas Hanby
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Arkansas
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof M.D.
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 7/1 1922 H. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-T 225-003-265

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 101893

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28

Primary Registration District No. 2161

Registered No. 4410

Hospital General

FULL NAME OF CHILD Grace Mary Pingree

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 25 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lewis William Pingree	FULL MAIDEN NAME	Corlew Roesner
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Evansville, Indiana.
OCCUPATION	Chemist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

(Physician or midwife)

Address Pocatello, Idaho

Give names added from a supplemental report.

....., 19.....

Filed 7/1 1922

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1943

693-226-003-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St. Registration District No. 28 File No. 101894

Hospital St Anthonys Primary Registration District No. 701 Registered No. 4411

FULL NAME OF CHILD Mary Frances Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	No	One 1	Yes	May 26 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Harry A. Wilson	FULL MAIDEN NAME Cecelia Jones
RESIDENCE	Stafford Apts	Stafford Apts
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Lincoln Neb.	Brady Neb.
OCCUPATION	Business Man	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:10 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) W. A. Wright M.D.
Physician
(Physician or midwife)
Address Pocatello, Ida.

Filed 7/1 1922 J. H. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1948

315-127-003-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101906

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bannock

City of Pocatello

No. 107 N. Grant St. Registration District No. 28 File No. 79

Hospital _____ Primary Registration District No. 261 Registered No. 4412

FULL NAME OF CHILD William Alfred Larson
(Certificate of no value without full name of child.)

Sex of Child: Male | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth: May (Month) 27 (Day) 1922 (Year)

What bactericidal solution was used in eyes? Silver nitrate one percent

Number of child of this mother, including present birth: First Number of child of this mother now living, including present birth: One

FATHER	MOTHER
FULL NAME: Louis Alfred Larson	FULL MAIDEN NAME: Lolores Catherine Hardle
RESIDENCE: 107 N. Grant	RESIDENCE: 107 N. Grant
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: St. Paul Minn.	BIRTHPLACE: South Jordan Utah
OCCUPATION: Mechanic	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 5/27/22 5:20 A.M.

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at the time above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Harold A. Hughart
Physician
(Physician or midwife)

Address Kane Bldg. Pocatello, Idaho.

Filed 7/1 1922 J. M. Young
Registrar.

764-227-003-555

PLACE OF BIRTH

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101896

County of Bannock
City of Pocatello
No. 7 Ave St.
Hospital St Anthony
Registration District No. 28
Primary Registration District No. 2161
File No. 79
Registered No. 1413

FULL NAME OF CHILD Bernice Poulsen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 27 1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chris Lorenzo Poulsen	FULL MAIDEN NAME	Catherine Ennis
RESIDENCE	930 No Lincoln	RESIDENCE	930 No Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Pocatello Idaho
OCCUPATION	Fireman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 A M. **on the date above stated.**

(Signature) Dr. A. M. Newton
(Physician or midwife)

Address Pocatello Ida

Filed 7/1 1922

J. H. Young
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-127-003-495

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. 7th Ave St. Registration District No. 28 File No. 101897

Hospital St. Anthony's Primary Registration District No. 2161 Registered No. 4414

FULL NAME OF CHILD WESLEY STERLING GIRARD ~~Girrarde~~
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	1			yes	May 27th 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John S. GIRARD ~~Girrarde~~	FULL MAIDEN NAME	Voilet Minnigan
RESIDENCE	5-11 North 9th	RESIDENCE	5-11 North 9th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mc Cammon	BIRTHPLACE	Payton Utah
OCCUPATION	Laborer in shops	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W. M. Newton
(Physician or midwife)

Address Pocatello Ida

Filed 7/1 1922 J. R. Young
Registrar

Give names added from a supplemental report.

..... 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Pacific } ss.

Certificate No. 101697

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Wesley Sterling Girard (Name on Original Certificate) who was born (Was Born or Died) on May 27, 1922 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Girrarde	Girard
Name	Unnamed	Wesley

Subscribed and sworn to before me this 11th
day of August, 19 42.

Notary Public, residing at Raymond, Wn.
My commission expires July 2, 1943
(Seal)

Signed John D Girard (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Willapa, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Pacific } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this August 4, 1942
~~day of~~ Leyde L. Lewis, ~~19~~ A.

Notary Public, residing at Raymond
My commission expires July 2, 1943
(Seal)

Signed Bessie Girard
(Signature of Any Credible Person Other Than Previous Year)

Washington
(Street Address, City, State)

AUG 13 1942

AUG 14 1942

MAY 3

392-128-003-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 865 Jefferson St.

Hospital

Registration District No. 28 File No. 101898

Primary Registration District No. 2161 Registered No. 4415

FULL NAME OF CHILD Howard Leslie Lish
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	twin		2	yes	May 28 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William Leslie Lish	FULL MAIDEN NAME	Martha Vermilla Green
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	East Portage Utah	BIRTHPLACE	West Portage Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was formalive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

(Physician or midwife)

Address Pocatello, Idaho

Filed 7/1 1922 J. P. Young Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 13 1944

392-128-003-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 865 Jefferson St.
Hospital

Registration District No. 28 File No. 101899
Primary Registration District No. 3161 Registered No. 4416

FULL NAME OF CHILD William Harvey Lesh
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	1.	yes	May 28 1922

What bactericidal solution was used in eyes? 17% AgNO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Leslie Lesh	FULL MAIDEN NAME	Martha Permilla Green
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	East Portage Utah	BIRTHPLACE	West Portage Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lee Brothers
(Physician or midwife)
Address Pocatello, Idaho.

Give names added from a supplemental report.

....., 19.....

Filed 7/1 1922 J. H. Young
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-231-003-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101900

County of Bannock
City of Pocatello
No. ..... St.
Hospital General

Registration District No. 28 File No. 11
Primary Registration District No. 2161 Registered No. 4417

FULL NAME OF CHILD Jane Le Brande Harrah
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	May 31 1922

What bactericidal solution was used in eyes? 1% $AgNO_3$

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Tindell Clark Harrah	FULL MAIDEN NAME	Norma Casmin Johnson
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Springfield Illinois	BIRTHPLACE	Ballinour Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was formative, at 12:10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M W Brothers
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

Filed 7/1 1922 J P Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 418-227-003-746

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101901

County of Bannock

City of Pocatello

No. 7th Ave St. Registration District No. 28 File No. 79

Hospital St Anthony's Primary Registration District No. 2161 Registered No. 4418

FULL NAME OF CHILD Maude Ila Dayton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Femine	1		1	Yes	4/27/1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate sol 1% of 1s T.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Albert Earl Dayton	FULL MAIDEN NAME	Ila May Powell
RESIDENCE	408 E. Dillon Str.	RESIDENCE	408 E. Dillon Str.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Pocatello, Idaho.	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A. M. Newton
(Physician or midwife)

Address Pocatello Idaho

Filed 7/7 1922 J. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 28 1944

754-227-003-517

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL

CERTIFICATE OF BIRTH 101903

County of Bannock

City of Pocatello

No. 520 East Lander Registration District No. 28 File No. 79

Hospital Home Primary Registration District No. 2161 Registered No. 4419

FULL NAME OF CHILD Elexandra George

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	April 27 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Gus George	FULL MAIDEN NAME	Mary Kappas
RESIDENCE	520 East Lander	RESIDENCE	520 East Lander
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Greece
OCCUPATION	Sec Foreman	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:20 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife

(Physician or midwife)

Address 419 So. 4th Ave.

Give names added from a supplemental report.

....., 19.....

Filed 7/1 1922 J. H. Young

Registrar.

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Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[redacted]

only of

866-227-003-595

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101903

County of Bannock
City Pocatello
No. 216 So. 9th Ave.
Registration District No. 28 File No. 79
Hospital Home Primary Registration District No. 2161 Registered No. 4420

FULL NAME OF CHILD Naomi Carene Howell
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Apr. 27 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lewis Bascomb Howell	FULL MAIDEN NAME	Elna Catherina Nielson
RESIDENCE	216 So. 9th Ave.	RESIDENCE	216 So. 9th Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Young Harris, Ga.	BIRTHPLACE	Aarhus, Denmark
OCCUPATION	Locomotive Fireman	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 8:20 **P. M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Filed 7/1 1922 J. P. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 23 1958

485-129-003-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101904

County of Bannock
City of Pocatello
No. ____ St.
Hospital None

Registration District No. 28 File No. 79
Primary Registration District No. 261 Registered No. 4421

FULL NAME OF CHILD Thomas Holmes Myers
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 29 1922

What bactericidal solution was used in eyes? 2% Sol Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Fred T. Myers	FULL MAIDEN NAME	Violet Grassy
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Missouri	BIRTHPLACE	Minnesota
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 50 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Rasf M.D.
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 5/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

5/2/41 L. B.
5/6/41 L. B.

JUN 12 1973

312-129-903-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101905

RECEIVED JUL 0 1922 BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. 754 So. 2nd Ave St. Registration District No. 28 File No. 79

Hospital Home Primary Registration District No. 2161 Registered No. 4422

FULL NAME OF CHILD Melvin John Lake
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twins	1	Yes	Apr. 29 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME John James Lake	FULL MAIDEN NAME Otens Charlotte Rosdahl
RESIDENCE 754 So. 2nd Ave	RESIDENCE 754 So. 2nd Ave.
COLOR W	COLOR White
AGE AT LAST BIRTHDAY 49 (Years)	AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE London, England	BIRTHPLACE Sweden
OCCUPATION Car repairing	OCCUPATION Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 05 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Agnes W. Bird

Midwife
(Physician or midwife)

Address 413 So 4th Ave.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/1 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 9 1975

312-129-003-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101906

County of Bannock
City of Pocatello
No. 754 So. 2nd Ave. St. Registration District No. 28 File No. 79
Hospital Home Primary Registration District No. 2161 Registered No. 4423

FULL NAME OF CHILD Merven Andrew Lake
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	Twin		2	Yes	Apr. 29 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argurol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	John James Lake	FULL MAIDEN NAME	Otense Charlotte Rosdahl
RESIDENCE	754 So. 2nd Ave.	RESIDENCE	754 So 2nd Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	London, England	BIRTHPLACE	Sweden
OCCUPATION	Car repairing	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 413 So. 4th Ave

Filed 7/1 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

268-201-003-455

PLACE OF BIRTH

[redacted]HO
DEPARTM[redacted]LIC WELFARE
BURE[redacted]TATISTICS

CERT[redacted]OF BIRTH 101907

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. [redacted]8 File No. 79

Hospital Gen'l

Primary Registration District No. 2161 Registered No. 4424

FULL NAME OF CHILD Dorothy Elizabeth Boyl
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fr		yes	6-1-1922

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph Terry Boyl	FULL MAIDEN NAME	Naomi R Devorcik
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	New York
OCCUPATION	R R. Shops	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 7/1 1922 J R Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

397-102-003-459

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1106 N. Harrison St.

Registration District No. 28 File No. 101908

Hospital

Primary Registration District No. 2161 Registered No. 4425

FULL NAME OF CHILD Raymond S Lipton William
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		yes	June 2 1922

What bactericidal solution was used in eyes? 17 AgNO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Michael Wm Lipton	FULL MAIDEN NAME	Helen Herrick
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wyoming	BIRTHPLACE	Nashville Tennessee
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Filed 7/1 1922 J. Young
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 5 1954
FEB 10 1961

APR 14 1987

143-204-003-689

PLACE OF BIRTH

name added 8-11-82

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101909

County of Bannock

City of Pocatello

No. 207 So. Garfield St. Registration District No. 28 File No. 79

Hospital Primary Registration District No. 2161 Registered No. 4424

FULL NAME OF CHILD Hazel Ruth Autra
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—		—	Yes	6 - 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO_3 - 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chas. L. Autra	FULL MAIDEN NAME	Bertha White
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kentucky	BIRTHPLACE	Illinois
OCCUPATION	R. R. Surman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1.30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Pocatello

Filed 7/1 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 4 11 43 AM '82

State of CALIFORNIA
County of SANTA CLARA } ss.

Certificate No. 101009

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Autra who was born on June 4, 1922
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Pocatello, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by School Record & prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed Au	Hazel Ruth Autra

RANDALL E. CRISP
NOTARY PUBLIC
SANTA CLARA COUNTY

Subscribed and sworn to before me this 6TH day of
MARCH, 1968
MY COMMISSION EXPIRES AUGUST 12, 1968

Signed [signature] Hazel Autra
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at San Jose, Calif.
My commission expires
(Seal)

3540 Union Ave San Jose
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of SANTA CLARA } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of
MARCH, 1968

Signed [signature]
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

FORM DH 60-155

AUG 11 1982

Certificate of Confirmation from St. Joseph's Church in San Jose, CA gives Hazel Ruth Autra child of Charles Leon Autra and Bertha Leonora White born in Pocatello on 6-4-22 was confirmed 6-8-35. Viewed by V.S.

Marriage Certificate from State of Nevada County of Washoe gives Eddie Oates and Hazel Ruth Autra were married 11-6-47. Viewed by V.S.

469-106-003-369

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101911

County of Bannock

City of Pocatello

No. ..... St. Registration District No. 28 File No. 79

Hospital ..... Primary Registration District No. 2161 Registered No. 4428

FULL NAME OF CHILD Franklin W. Morris
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June 6 (Day) 1922 (Year)
Male		Yes	

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	William C. Morris	FULL MAIDEN NAME	Dorothy ~~Lorraine~~ Lorraine
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Bay City, Mich.
OCCUPATION	Annex. of pool hall	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Newton M.D.
(Physician or midwife)

Address Pocatello Ida

Filed 7/1 1922 J H Young
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1973

962-106-003-266

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 5 1922
VITAL STATISTICS

CERTIFICATE OF BIRTH 101912

County of Bannock
City of Pocatello
No. 127 So. 2nd Ave.
Hospital Home

Registration District No. 28 File No. 77
Primary Registration District No. 2161 Registered No. 4429

FULL NAME OF CHILD George Leroy Rossiter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	June 6 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ralph William Rossiter	FULL MAIDEN NAME	Delcena Marie Bowers
RESIDENCE	127 So. 2nd Ave.	RESIDENCE	127 So. 2nd Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mattoon Ill.	BIRTHPLACE	Waukesha Wis.
OCCUPATION	Common labor	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Cozy W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/1 1922 H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 28 1945

249-207-023-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101913

County of Bannock

City of Pocatello

No. ____ St. General

Hospital

Registration District No. 28 File No. 14

Primary Registration District No. 2161 Registered No. 4430

FULL NAME OF CHILD Barbara Burdette

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes	6-7-1922

What bactericidal solution was used in eyes? Ag NO3 1%.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Chas. Lorenzo Burdette	FULL MAIDEN NAME	Rose Thomas
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mgr. Woolworths	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) F. E. Powell

Physician

(Physician or midwife)

Address Pocatello.

Filed 7/1 1922 J. W. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1946

482-111-003-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101914

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

Registration District No. 28 File No. 79

Primary Registration District No. 2161 Registered No. 4431

FULL NAME OF CHILD Allen Dale Dykman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	6-11-1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Arnold Dykman	FULL MAIDEN NAME	Mabel Balderstrom
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Electrician	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Kay M D
(Physician or midwife)

Address Pocatello

Filed 7/1 1922 J H Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 6 1974

JUL 2 7 1942

532-111-003-991

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1324 No. Hayes St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 7401915

Primary Registration District No. 241 Registered No. 4432

FULL NAME OF CHILD Glenn Olsen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	6 - 11 1922

What bactericidal solution was used in eyes? Cr no 3 1%.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank Olsen.	FULL MAIDEN NAME	Mary Riddell
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Pocatello.	BIRTHPLACE	Virginia
OCCUPATION	R. R. Mgr.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

....., Registrar.

(Signature) [illegible]

(Physician or midwife)

Address Pocatello.

Filed 7/1 1922 J. H. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ELSEN

Dup of 22-294831

155-212-003-183

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 137 No. Lincoln St.

Hospital General

Registration District No. 28 File No. 101916

Primary Registration District No. 2141 Registered No. 4433

FULL NAME OF CHILD June Elizabeth Jensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	1		1	yes	June (Month) 12 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James C. Jensen	FULL MAIDEN NAME	Karen E. Ayling
RESIDENCE	137 No Lincoln	RESIDENCE	137 No. Lincoln
COLOR	WL	COLOR	WL
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Denmark	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Loco. Engr	OCCUPATION	Mf

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A H Sprague M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Pocatello Idaho

Filed 7/1 1922 J W Young (Registrar)

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 18 1922
VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 19 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: General Hospital

County: Bannock

File Number: 101916

Registration Dist. No.:

Date of Birth: June 11 1922

Sex of Child: Female

Father: James C. Jensen (Full Name)

Mother: Karen E. Ayling (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

June Elizabeth Jensen (Child's Name in Full)

Mrs. James C. Jensen (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

156-112-003-249

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. _____ St.

Hospital None

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101917

Registration District No. 28 File No. 77

Primary Registration District No. 2161 Registered No. 4434

FULL NAME OF CHILD No Name

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 12 1922

What bactericidal solution was used in eyes? 2 % Sol. Silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Joseph Jeffries	FULL MAIDEN NAME Gene Smith
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	25 (Years)
BIRTHPLACE	Iowa	Utah
OCCUPATION	Clerk	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6.45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Peaf M.D.

(Physician or midwife)

Address Pocatello Idaho.

Give names added from a supplemental report.

....., 19.....

Filed 7/1 1922 J. H. Young

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

286-163-003 -466

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 440 N. Main St. Registration District No. 28 File No. 101918

Hospital Pocatello General Primary Registration District No. 2161 Registered No. 4435

FULL NAME OF CHILD Robert Arol Showalter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 13 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Arol Showalter	FULL MAIDEN NAME: Edith Downing
RESIDENCE: 440 N. Main	RESIDENCE: 440 N. Main
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Moscow, Idaho.	BIRTHPLACE: Kabul Missouri.
OCCUPATION: Waiter	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:p. M. on the date above stated.

(Signature) W. F. Howard M.D.

Physician
(Physician or midwife)

Address Pocatello, Idaho

Filed 7/1 1922 J. H. Young Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 3 1942

SEP 2 1965

PL[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101919

County of Bannock

City of Lava Hot Springs

No. 563-213-003-563 St.

Registration District No. 28 File No. 79

Hospital

Primary Registration District No. 461 Registered No. 4434

FULL NAME OF CHILD Betty Delorse Nolan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 13 1922

What bactericidal solution was used in eyes? Argerol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Thomas William Nolan	FULL MAIDEN NAME	Vera Oslette Nolan
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Lava Hot Springs	BIRTHPLACE	Lava Hot Springs
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:55 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Lava Hot Springs

Filed 7/1 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

... the child.

DEBY ...

... THE NAME OF YOUR CH...

JUL
BUREAU
STATE
Idaho Madams

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lava Hot Springs. Street: ..... County: Bannock.

File Number: 101919

Registration Dist. No.: .....

Date of Birth: June 13, 1922.

Sex of Child: Female

Father: Thos. William Nolan (Full Name)

Mother: Vera Daisy Aslett (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Betty Deloras Nolan (Child's Name in Full)

Mrs. Thomas Nolan (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the [illegible]

453-[illegible]-003-598

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Sd

Registration District No. 28 File No. 101920

No. 456 So Grant St.

Primary Registration District No. 2141 Registered No. 4437

Hospital

FULL NAME OF CHILD ~~Cecilia May Cihulka Delay~~ CECELIA AGNES M.T. DeLAY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 14 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	alfred Edmund T. DeLay	FULL MAIDEN NAME	cecilia cihulka
RESIDENCE	456 So Grant	RESIDENCE	456 So Grant
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	O. S. Line	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. [illegible]

Phys.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 853 No Main St

Filed 7/1 1922

J. R. Young

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

NOV 19 1942

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. Certificate No. 101920

County of Cox } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Cecelia May Agnes DeLay (NAME ON ORIGINAL CERTIFICATE) who was Born (WAS BORN OR DIED) on June 15 - 1922 (DATE OF EVENT) in Pocatello Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 15 - 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Cecelia May	Cecelia Agnes M. T. DeLay

Subscribed and sworn to before me this 17th day of Nov, 1942

Signed Mrs Cecelia R. DeLay (Mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Marshfield Ore

My commission expires 3/16/42

(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....

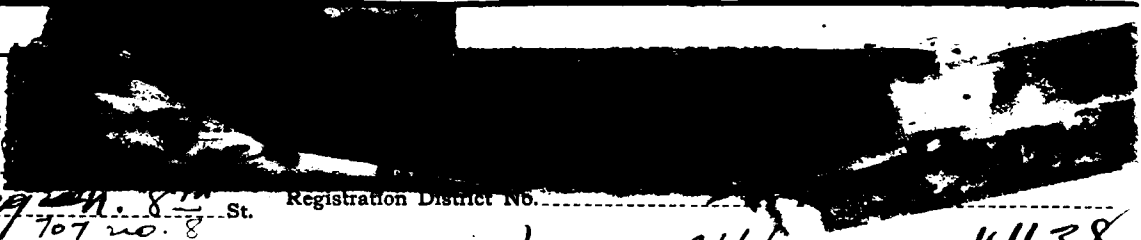
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

NOV 2 1972



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PL[redacted]

County of [redacted]

City of [redacted]

No. 769 [illegible] 8th St. 707 no. 8 Registration District No. [redacted]

Hospital 719-213-003-713 Primary Registration District No. 216 Registered No. 4438

FULL NAME OF CHILD ROSE Parento

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—		—	Yes	6-13-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO_3 1%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Lee Parento	FULL MAIDEN NAME	Mary Tales
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Wisconsin
OCCUPATION	Boilermaker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Roberts

Physician

(Physician or midwife)

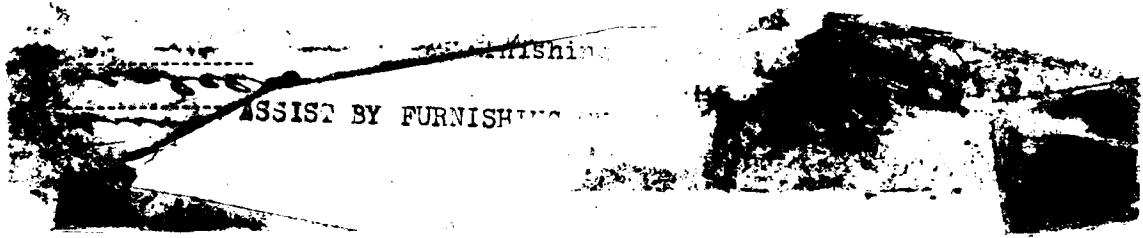
Address Pocatello

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 7/1 1922 [illegible] Registrar.


ASSIST BY FURNISH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Calif. } ss.
County of Alameda }

Certificate No. 101921

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Rose Parento (NAME ON ORIGINAL CERTIFICATE) who ~~June 13, 1922~~ (WAS BORN OR DIED) on June 13, 1922 (DATE OF EVENT)
in Pocatello Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Madaline Parento	Rose Parento
birth date	June 14, 1922	June 13, 1922

Subscribed and sworn to before me this 11 day of April, 1942

Emma M. Abner
Notary Public, residing at Oakland
My commission expires Oct. 17, 1944
(SEAL)

Signed Mary Parento
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
2610 - Myrtle st - Oakland Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif. } ss.
County of Alameda }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of April, 1942

Emma M. Abner
Notary Public, residing at Oakland Calif.
My commission expires Oct 17, 1944
(SEAL)

Signed Lee Parento
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
2610 - Myrtle st Oakland Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 8 19[illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101922

County of Bannock

City of Lava Hot Springs

No. 819-215-003-3[illegible] St.

Registration District No. 28 File No. 79

Hospital

Primary Registration District No. 2161 Registered No. 4439

FULL NAME OF CHILD Jacqueline Aurilla Haines

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	6 15 1922

What bactericidal solution was used in eyes? Argenol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jesse Haines	FULL MAIDEN NAME	Aurilla Lee
RESIDENCE	Evanston Wyo	RESIDENCE	Evanston Wyo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Printer Operator	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 5:25 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Physician (Physician or midwife)

Address Lava Hot Springs

Filed 7/1 1922 [illegible] Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

STA[illegible]IDAHO

RECE[illegible] DEPARTMI

JUL 19 192[illegible]

BUREAU OF V[illegible]

ST[illegible]

Boise, Idaho, [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office.. It is of vital importance to have the full name included in the record.. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Lava Hot Springs

Street .....

County Bannock Co. Ida

File Number 101922

Registration Dist. No. .....

Date of Birth June 15 1922

Sex of Child Female

Father Jesse Haines (Full Name)

Mother Aurilla Lee (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jacqueline Aurilla Haines (Child's Name in Full)

Jesse Haines (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

APR 17 1947

[redacted]F BIRTH

B168-116-903-386

STATE OF IDAHO
DEPARTMENT OF PUBLIC WE[redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101923

County of Bannock

City of Pocatello

No. ..... St. Registration District No. 28 File No. 79

Hospital General Primary Registration District No. 2161 Registered No. 4440

FULL NAME OF CHILD J Frank Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	6 16 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	J Valdemar Johnson	FULL MAIDEN NAME	Nellie Thomas
RESIDENCE	Downey Idaho	RESIDENCE	Downey
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Indiana
OCCUPATION	rancher	OCCUPATION	stenographer & housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:59 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray M D
(Physician or midwife)

Address Pocatello

Filed 7/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUL 13 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello, Idaho

Street: General Hospital

County: Bannock

File Number: 101923

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: June 16, 1922

Father: J. Valdemar Johnson (Full Name)

Mother: Nellie O. Thomas (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

J. Frank Johnson

Child's Name in Full

Mrs. J. Valdemar Johnson

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

613-29-003-755

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101924

Registration District No. 28 File No. 79

Primary Registration District No. 2161 Registered No. 4441

FULL NAME OF CHILD Helen Mary Walters
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
fr		Yes	6-19-1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ralph N Walters	FULL MAIDEN NAME	Paula Maria Genotte
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Ut
OCCUPATION	Prof Mathematics	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Kay M D

(Physician or midwife)

Address Pocatello

Filed 7/1 1922 J L Young Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1944

JAN 20 1944

298-220-003 F249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. ..... St.
Hospital .....

Registration District No. 28 File No. 101925
Primary Registration District No. 2161 Registered No. 4442

FULL NAME OF CHILD Genevieve Marie Bryning
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fr		yes	6-20-192

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Junia Kern Bryning	FULL MAIDEN NAME	Lydia Agnes Smith
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Illinois	BIRTHPLACE	Tenn.
OCCUPATION	R.R. brakeman	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Gray MD
(Physician or midwife)

Address Pocatello

Filed 7/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1956

336-221-003-285

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101926

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 14

Hospital General

Primary Registration District No. 2161 Registered No. 4443

FULL NAME OF CHILD ~~Mary Ann~~ MARIANNE Clark
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fr		Yes	6 21 1922

What bactericidal solution was used in eyes? 10 % Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Carl Wisley Clark	FULL MAIDEN NAME	Charlotte J Sherman
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh AGE AT LAST BIRTHDAY 34 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	S. Dak.	BIRTHPLACE	N. York
OCCUPATION	Physician Surgeon	OCCUPATION	Nurse. Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Kay MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 7/1 1922 J Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Cauxonia } ss. Certificate No. 101926

County of Marin } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Mary Ann Clark (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 21, 1922 (DATE OF EVENT)

in Tocatello (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts ~~as shown by~~ (BIBLE RECORD, INSURANCE POLICY, ETC.) ~~prepared on~~ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Mary Ann	Marianne Clark

Subscribed and sworn to before me this 1st day of February, 1943.

Notary Public, residing at San Rafael

My commission expires 12/4/43

(SEAL)

Signed Carl Wesley Clark MD

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1010 B St San Rafael Calif

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

FEB 5 1943

FEB 11 1943

261-22-003-275

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101927

County of Bannock

City of Pocatello

No. 528 No. Main St. Registration District No. 28 File No. 1

Hospital Primary Registration District No. 216 Registered No. 4444

FULL NAME OF CHILD Swallow Vonda Pauline
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	6-21-1922

What bactericidal solution was used in eyes? Arg. Nos. 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Edmund B. Swallow	Full Maiden Name: Ada Spencer
RESIDENCE	Pocatello	Pocatello
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Utah	Utah
OCCUPATION	Clerk U. P.	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician

(Physician or midwife)

Address Pocatello

Filed 7/1 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

completed by furnish

SIST BY FURNI

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello Ida.

Street: 538 no. Main St,

County: Bannock

File Number: 101927

Registration Dist. No.:

Sex of Child: Female

Date of Birth: June 21st 1922.

Father: Edmund B. Swallow (Full Name)

Mother: Ada Luann Lyman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wanda Darlene Swallow

Child's Name in Full

Edmund B. Swallow

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-

318-123-003-413

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. Stafford Ave. St.

Hospital St. Jos.

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 101928

Primary Registration District No. 2161 Registered No. 4445

FULL NAME OF CHILD Marion McKenzie Taylor

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	June 23 1922

FATHER	MOTHER
FULL NAME Marion Taylor	FULL MAIDEN NAME Katherine MacKenzie
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE New Harmony Utah	BIRTHPLACE Paradise Utah
OCCUPATION Employe Federal Reserve	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

(Signature) W. M. Bradden

Physician

(Physician or midwife)

Address 312 Carlson Bldg Pocatello

Filed 7/1 1922

J. H. Young
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: P.O. Box 192

County: Bannock

File Number: 101928

Registration Dist. No.:

Date of Birth: June 23 1922

Sex of Child: Male

Father: Marion Taylor (Full Name)

Mother: Katherine MacKenzie (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marion MacKenzie Taylor (Child's Name in Full)

Mrs. M. Tay (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME O

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, p
and legitimacy.

It enables the Public Health Nurse to make sure the c
been protected from danger of blindness and other infections a

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men a
pelled to furnish certified copies of

249-223-003-565

PLACE OF BIRTH

County of Bannock

City of Fort Hall

No. ____ St.

Hospital ____

STATE OF IDAHO
[redacted]MENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101929

Amended 6/22/77

Registration District No. 28 File No. 79

Primary Registration District No. 2116 Registered No. 4446

FULL NAME OF CHILD " Sarah LaRue Smith

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
fr			yes	6	23	1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Fred R Smith	FULL MAIDEN NAME	Mary E Ewell
RESIDENCE	Ft Hall	RESIDENCE	Ft Hall
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Ut
OCCUPATION	farmer	OCCUPATION	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) D C Ray M D
(Physician or midwife)

Address Pocatello

Filed 7/1 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IN THE NAME OF YOU

DEPARTMENT OF PUB

Boise, Idaho,

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Fort Hall

Street:

County: Bannock

File Number: 101929

Registration Dist. No.: Tyhee

Date of Birth: June 23 1922

Sex of Child: Female

Father: Fred R. Smith (Full Name)

Mother: Mary E. Ewell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Sarah Lorene Smith (Child's Name in Full)

Mrs. Fred R. Smith (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the [illegible]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUN 2 8 55 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of UTAH } ss.
County of UTAH }

Certificate No. 101929

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Sarah Lareu Smith (Name on Original Certificate) who was born (Was Born or Died) on June 23, 1922 (Date of Event) in Fort Hall, Idaho (Bannock) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's middle name	LaReu	LaRue

Subscribed and sworn to before me this 28 day of April 1977

Ronald J. Crump

Notary Public, residing at Payson, Utah

My commission expires 10-15-78

(Seal)

Signed Annie E. Montague

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

412 E 1 So, Payson, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH } ss.
County of UTAH }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of April, 1977

Ronald J. Crump

Notary Public, residing at Payson, Utah

My commission expires 10-18-78

(Seal)

Signed William E. Montague

(Signature of Any Credible Person)

412 E 1 S Payson Utah

(Street Address, City, State)

FORM DH 60-155

CL 4/20/77 nm

Certif of Blessing from the LDS Church gives nameas Sarah LaRue Smith daughter of Fred Revere Smith and Mary Elizabeth Ewell born June 23, 1922 at For Hall, Idao Blessed Aug 6, 1922. vie wed by V. S.

JUN 23 1977

Certif of Baptism from the LDS Church gives nam as Sarah LaRue Smith daughter of Fred Revere Smith and Mary Elizabeth Ewell. born June 23, 1922 at Fort Hall , Idaho. Baptized June 6, 1931 viwed by V. S.

666-224
003-414

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 101930

Hospital General

Primary Registration District No. 2161 Registered No. 4447

FULL NAME OF CHILD ~~Mary Alice~~ ALICE MARIE Wood
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	June ~~23~~ 24 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	George Douglas Wood	FULL MAIDEN NAME	Lena Marie Mauritzen
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Nebraska	BIRTHPLACE	Denver Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

..... 19....

..... Registrar.

Filed 7/1 1922 J. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 101930

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary Alice	Alice Marie Wood
Date changed upon presentation of cradle roll. RRA.		

Subscribed and sworn to before me this 27
day of June, 1942

Notary Public, residing at Pocatello Ida

My commission expires Sept 14, 1944
(Seal)

Signed Mrs Lena W Wood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 29 1942

SEP 2 6 1974

JUL 6 1962

JUN 3 0 1962

244-124-003-864

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101931

County of Bannock

City of Pocatello

No. 132 S. Johnson St. Registration District No. 28 File No. 19

Hospital Pocatello General Primary Registration District No. 3161 Registered No. 4448

FULL NAME OF CHILD Edward Young Kumn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	June 24 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Edward Kumn	FULL MAIDEN NAME Daphne Young
RESIDENCE 132 S. Johnson	RESIDENCE 132 S. Johnson
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Maroni, Utah.	BIRTHPLACE Robinson, Utah
OCCUPATION Furniture Shipping Clerk	OCCUPATION Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

Physician
(Physician or midwife)

Address Pocatello, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/1 1922 J. M. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

392-125-003-962

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthony's

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101932

Registration District No. 28 File No. ....

Primary Registration District No. 7161 Registered No. 4499

FULL NAME OF CHILD Terrace Pohlman Lesh

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 25 1932

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Alvin Norton Lesh	FULL MAIDEN NAME Clarice Pohlman
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Cannon, Idaho	BIRTHPLACE Forrest, Mexico
OCCUPATION Laborer	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 45 a M. on the date above stated.
(Born alive or stillborn)

(Signature) W W Brothers

(Physician or midwife)

Address Pocatello Idaho

Filed 7/1 1932 J H Young
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-225-003-685

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Amended 5/29/75

CERTIFICATE OF BIRTH 101933

County of Bannock

City of Pocatello

No. 546 S. 2nd. Ave St. Registration District No. 28 File No. 1

Hospital Primary Registration District No. 2161 Registered No 4450

FULL NAME OF CHILD Daisy Maxine Slack

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 25 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: LaVerne Slack	FULL MAIDEN NAME: Vera Wheeler
RESIDENCE: 546 S. 2nd. Ave.	RESIDENCE: 546 S. 2nd. Ave
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Brigham City, Utah.	BIRTHPLACE: Sterling, Idaho.
OCCUPATION: Auto Mechanic	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

(Signature) W. J. Howard M.D.

Physician (Physician or midwife)

Address Pocatello, Idaho.

Filed 7/1 1922 J. H. Young Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAY 15 1975
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 101933

MAY 13 2 07 PM '75

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Dasie Maxine Slack (Name on Original Certificate) who was born (Was Born or Died) on June 25, 1922 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage Certif. & Blessing (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's first name	Dasie	Daisy

Subscribed and sworn to before me this 10th day of May, 1975.

Grace Gaskins
Notary Public, residing at Inkom, Idaho
My commission expires 7-20-1977
(Seal)

Signed Daisy Maxine Slack Cornwall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 136 Inkom Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of May, 1975.

Grace Gaskins
Notary Public, residing at Inkom, Idaho
My commission expires 7-20-77
(Seal)

Signed Elsie R Peterson
(Signature of Any Credible Person)

Box 43 Inkom, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 4/2/75 nm

Certif. of Blessing from the LDS Church gives name as Daisy Maxine Slack daughter of Rueben L. Slack and Vera E. Wheeler. born June 25, 1922 at Pocatello, Idaho Was Blessed Aug. 3, 1924. viewed by V. S.

MAY 29 1975

Marriage License and Certif. from Idaho gives names as Stanley Monroe Cornwall and ~~Max~~ Daisy Maxine Slack. dated Dec. 31, 1940. viewed by V. S.

462-225-003-62.E-D

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. Rear 207 S.7th St.

Registration District No. 28 File No. 101934

Hospital

Primary Registration District No. 2161 Registered No. 4451

FULL NAME OF CHILD Juanda Mosley

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 25 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Grover Cleveland Mosley	FULL MAIDEN NAME: Leora Wright
RESIDENCE: Rear 207 S.7th.	RESIDENCE: Rear 207 S.7th.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Goshen, Utah	BIRTHPLACE: Charleston, Utah
OCCUPATION: Salesman Dept. Store	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

Physician (Physician or midwife)

Address Pocatello, Idaho.

Filed 7/1 192 2 J. H. Young Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-127-003-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 225 N. Buchanan St.
Hospital

Registration District No. 28 File No. 101935
Primary Registration District No. 2161 Registered No. 4452

FULL NAME OF CHILD Luke Wallace Shira
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 27, 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Lyman W. Shira	FULL MAIDEN NAME: Geneva Mitchell
RESIDENCE: 225 N. Buchanan	RESIDENCE: 225 N. Buchanan
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Bethany. Mo.	BIRTHPLACE: Davis City. Towa.
OCCUPATION: Electrician	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.
Physician
(Physician or midwife)
Address Pocatello

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 7/1 1922 J. H. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 31 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-629-003-255

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101936

Registration District No. 28 File No. 79

Primary Registration District No. 2161 Registered No. 4453 -

FULL NAME OF CHILD Robert Joseph Chance
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	6 29 1922

What bactericidal solution was used in eyes? 10 % Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Elmer C Chance	FULL MAIDEN NAME	Ruth Kendall
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh AGE AT LAST BIRTHDAY 36 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Oklas	BIRTHPLACE	Colo
OCCUPATION	Hardware merchant	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Gray MD
(Physician or midwife)

Address Pocatello

Filed 7/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

OCT 16 1962
FEB 26 1975

815-103-084-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St. Registration District No. 52 File No. 101939

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Vernon J. Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Mar 3 1922

What bactericidal solution was used in eyes? 5% Arg

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	M J Hansen	FULL MAIDEN NAME	C M Sorensen
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Shirley
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Montpelier Ida

Filed 6-28 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Dingle

Street: .....

County: Bear Lake Co.

File Number: 101939

Registration Dist. No.: 8

Sex of Child: Male

Date of Birth: March 3 1922

Father: Martin J. Hansen
Full Name

Mother: Carrie Mary Sc...
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Carmen J. Hansen
Child's Name in Full

Mrs. Carrie Hansen
Signature of Father or Mother

- - - - - - - - - - -

irth registration is part of every child's birthright.
t establishes legally the date of the child's birth, parentage
timacy.
It enables the Public Health Nurse to make sure the child has
tected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

The correct age for purposes of school attendance.
Employment.
Protection under the law.
Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.

Just at this time while many of the Ex-Service men are com-
furnish certified copies of certificates of birth, it is im-
hat the certificates be filed with the BUREAU OF VITAL STATIS-
the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. ..... St. ..... Registration District No. ..... File No. 101940

Hospital 365-209-004-419 Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	3 9 1922

What bactericidal solution was used in eyes? Argyrol 5 %

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	S. B. Loveland	FULL MAIDEN NAME	Virginia Marriott
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Dingle	BIRTHPLACE	Evanston, Wyo.
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), **at** 1 a **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley
Physician
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Montpelier, Idaho

Filed 6-28 1922 N. H. Lee
Registrar.

... must be made for each ... and the number of each, in order of birth stated.

PLACE OF BIR[redacted]HO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Sharon

No. 459-110-004-297 St. Registration District No. 52 File No. 101942

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	3-10-1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	William Derricott	FULL MAIDEN NAME	Eva Smith
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Liberty	BIRTHPLACE	Sharon
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), **at** 10 a. **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

Physician (Physician or midwife)

Address Montpelier Ida

Filed 6-28-1922 H. H. King

Registrar.

Give names added from a supplemental report.

....., 192....

.....

Registrar.

...RETURN must be ... and the number of ... of birth stated.

[redacted]

DECEASED

718-212-004-818

PLACE OF BIRTH

Amended 12/28/76

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Ins Town

No. ..... St. Registration District No. 52 File No. 101944

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Grace Payne
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Gre		Yes	3 12 1922

What bactericidal solution was used in eyes? 5% Ung

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Jos L Payne	FULL MAIDEN NAME	Hettie Hays
RESIDENCE	Ins Town	RESIDENCE	Ins Town
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Bloomington	BIRTHPLACE	Ins Town
OCCUPATION	Fasque	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 14 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Tubley
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Montpelier Ida

Filed 6-28-192 N J King
Registrar.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/30/76

Bear Lake

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 21 8 35 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock

Certificate No. 101944

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Payne (Name on Original Certificate) who was born (Was Born or Died) on March 12, 1922 (Date of Event)

in Georgetown, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~Name~~	Unnamed	Grace Payne

Subscribed and sworn to before me this 29 day of August, 1976

Harvey H Cook

Notary Public, residing at Preston Idaho

My commission expires 4/4/79

(Seal)

Signed Lot L Payne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death ~~record; or other credible person~~.)

Georgetown Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of August, 1976

Harvey H Cook

Notary Public, residing at Preston Idaho

My commission expires 4/4/79

(Seal)

Signed A. L. Payne
(Signature of Any Credible Person)

Preston Idaho
(Street Address, City, State)

FORM DH 60-155

one copy paid Rec.#19696

Family group record gives nameas Grace Payne born March 12, 1922 at Georgetwon Blessed May 7, 1922 and Baptized May 9, 1930. viewed by V. S.

Certif of Baptism from the LDS Church gives nameas Grace Payne daughter of Lot L. Payne and Hattie Hayes. born Mar 12, 1922 at Georgetwon, Idaho. Baptized May 9, 1930. viewed by V. S.

DEC 27 1976

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101945

County of Bear Lake

City of Bern

No. 523-221-004-295 St.

Registration District No. 52

File No.

Hospital

Primary Registration District No. 2136

Registered No.

FULL NAME OF CHILD THEDA ESCHLER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Gen		Yes	3-21-1922

What bactericidal solution was used in eyes? 5% Ley

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Louis Eschler	FULL MAIDEN NAME	Libby King
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Pigeon	BIRTHPLACE	Bern
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Gen, at 9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gen F. Fuhlley
Physician
(Physician ~~or midwife~~)

Address Montpelier, Idaho

Filed 6-28 1922 H. H. King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

...LY WITH UNFADING INK—THIS IS A PERMANENT RECORD
... case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8/16/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS AUG 29 1 32 PM '78

State of ..... } ss.
County of .....

Certificate No. 101945

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Eschler (Name on Original Certificate) who was born (Was Born or Died) on 3/21/22 (Date of Event)

in Bern, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Eschler	Theda E. Eschler

Subscribed and sworn to before me this 24th day of August 1978

Notary Public, residing at Montpelier

My commission expires Lifetime

(Seal)

Signed Anna E. Kunz Eschler

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of August 1978

Notary Public, residing at Montpelier

My commission expires Lifetime

(Seal)

Signed X [signature]

(Signature of Any Credible Person)

178 So. 11th Montpelier Idaho 83254

(Street Address, City, State)

FORM DH 60-155

Rush

Application for License to marry gives name of bride as Theda Eschler and groom as Glenden H. Leak. Married (applicattion dated Jan 3, 1944. # 97559 issued by County clerk of Salt Lake County, Salt Lake City, Utah. Viewed by V.S.

Certificate of birth issued by the L.D.S.Church gives name as Theda Eschler born March 21, 1922 in Bern, Idaho. to Louis Eschler and Libbie Kunz. Recorded in Bern Ward, Montpelier Stake, Record of Births and Blessings, 1922 Page 1716 Line 153. Entered on record April 2, 1922.
Viewed by v.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Dingle

No. 418-124-004-366 St.

Registration District No. 52

File No. 101946

Hospital

Primary Registration District No. 2136

Registered No.

FULL NAME OF CHILD Loran T. Dayton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		yes	3 - 24 1922

What bactericidal solution was used in eyes? 1% Ceny

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	C. L. Dayton	FULL MAIDEN NAME	M. J. Toomer
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Dingle	BIRTHPLACE	Lanark
OCCUPATION	Labor	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Grant Lichley
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Montpelier, Idaho

Filed 6-28 1922 H. Hickey
Registrar.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 101946

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Dayton (Name on Original Certificate) who was born (Was Born or Died) on March 24, 1922 (Date of Event)

in Dingle, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed Dayton	Loran T. Dayton

Subscribed and sworn to before me this 25 day of Sept., 1961

Dave C. Hunks

Notary Public, residing at Clerk Dist. Court

My commission expires Jan. 1963

(Seal)

Signed Myrtle Dayton

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Dingle, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

OCT 3 1961

Army Discharge, Dated Sept 11, 1945, gives name as Loran T. Dayton. viewed by V.S.

Certificate of Blessing, L. D. S. Church, Dingle Ward gives name as Loran T. Dayton. Blessed May 7, 1922. viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Sharon

No. 249-227-004-195 St.

Registration District No. 32

File No. 101947

Hospital

Primary Registration District No. 2136

Registered No.

FULL NAME OF CHILD Leona Lane Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		Yes	3-27-1922

What bactericidal solution was used in eyes? 0%

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	William K. Smith	FULL MAIDEN NAME	Delpha C. Arnell
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Sharon	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature]
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address

Filed 6-28 1922 [signature]
Registrar.

APR 1 7 194

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake }

Certificate No. 101947

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Leona Lane Smith (Name on Original Certificate) who Was Born (Was Born or Died) on March 27, 1922 (Date of Event) in Sharon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on April 14, 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Leona Lane Smith
mother's name	D.C. Arnold	Delpha C. Arnell

Subscribed and sworn to before me this 14 day of April, 1944

Levi Aland

Notary Public, residing at

My commission expires

(Seal)

LEVI ALAND
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1945

Signed Elizabeth A. Smith

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 19 1944

391-209-004-759

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of B. L. Co

City of Bennington

No. ..... St. Registration District No. 52 File No. 101948

Hospital ..... Primary Registration District No. 2130 Registered No. .....

FULL NAME OF CHILD Ruth Crane
(Certificate of no value without full name of child.)

Sex of Child Eve | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Feb. 9, 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 5% Arg

Number of child of this mother, including present birth ✓ Number of children of this mother now living, including present birth ✓

FATHER		MOTHER	
FULL NAME	G. G. Crane	FULL MAIDEN NAME	Jesse Perkins
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Bennington
OCCUPATION	Farmer	OCCUPATION	[illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 29 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Montpelier Ida

Filed 6-25-1922 N H Kerry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVERAL REASONS WHY A CERTIFICATE OF

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bennington

Street:

County: Bear Lake

File Number: 101948

Registration Dist. No.:

Date of Birth: Feb. 9th 192.2

Sex of Child: Female

Father: James A. A. Crane (Full Name)

Mother: Jessie M. Perkins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ruth Crane
Child's Name in Full

Jessie M. Crane
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

695-12-004-695

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____ St.

Registration District No. 52

File No. 101949

Hospital ____

Primary Registration District No. 236

Registered No. ____

FULL NAME OF CHILD George Leroy French
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes.	3 - 21 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Vaus J. French	FULL MAIDEN NAME	Martha Findley
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Montpelier	BIRTHPLACE	Lake Town Ut.
OCCUPATION	Laborer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:45a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Geo. F. Ashley
Physician.
(Physician or ~~Midwife~~)

Address Montpelier Idaho

Filed 6-28 1922 N. W. Long Registrar.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier

Street:

County: Bear Lake

File Number: 101949

Registration Dist. No.:

Date of Birth: March 21st 1922

Sex of Child: Male

Father: Vandelew Joseph French (Full Name)

Mother: Mattie Fridley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

George Leroy French (Child's Name in Full)

Mrs. Mattie French (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

235-228-004-335

PLACE OF BIRTH

RECEIVED JUL 1 ... BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Registration District No. 52

File No. 101950

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Zelphia Sleight
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	3 28 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	S. R. Sleight	FULL MAIDEN NAME	Zelphia Clegg
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ovid	BIRTHPLACE	Downey
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley
Physician.
(Physician or midwife)

Address Montpelier Idaho

Filed 6-28 1922 N H Kerr
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

...RMANENT RECORD
...ERATE RETURN must be made for each
and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF
ED FOR

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street ..... Ovid Idaho

County ..... Bear Lake Co.

File Number 101950

Registration Dist. No. .....

Sex of Child ..... Female girl

Date of Birth ..... March 28 1922

Father Stephen Richard Sleight (Full Name)

Mother Cecilia Clegg (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Cecilia Sleight.

Child's Name in Full

Stephen Richard Sleight

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

255-101-004-264

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. 101951

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Glenn Russell Seever
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	4-1-1922

What bactericidal solution was used in eyes? argyrol 5%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Carl Seever	FULL MAIDEN NAME	Lydia Sommers
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Laborer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. V. Cicely
Physician
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Montpelier Idaho

Filed 6-28 1922 H H Hwy
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASON

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Montpelier
- Street: .....
- County: Bear Lake

File Number: 101951

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Feb. 25 1922

Father: Carl Seewer
Full Name

Mother: Lydia Sommers
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Glenn Russell
Child's Name in Full

Carl Seewer
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

317-22-004-165

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth must be stated.

1. PLACE OF BIRTH
County of Bear Lake
City of Montpelier
No. ____ St. ____
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101953

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Karen Alice Larson

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? ____
8. Date of birth April 10, 1922 (Month, Day, Year)

FATHER

9. Full name: Andrew Larson
10. Residence (usual place of abode) (If non-resident, give place and State): Montpelier
11. Color or race: Wh | 12. Age at last birthday: 51 (years)
13. Birthplace (city or place) (State or Country): Denmark

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Section Foreman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____
16. Date (month and year) last engaged in this work: ____, 19____
17. Total time (years) spent in this work: ____

MOTHER

18. Full maiden name: Karen Jensen
19. Residence (usual place of abode) (If non-resident, give place and State): Idaho
20. Color or race: Wh | 21. Age at last birthday: 35 (years)
22. Birthplace (city or place) (State or Country): Denmark

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____
25. Date (month and year) last engaged in this work: ____, 19____
26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____
28. Number of children of this mother: 2 (At time of this birth and including this child) (a) Born alive and now living: 1 (b) Born alive but now dead: 1 (c) Stillborn: ____
29. If stillborn, period of gestation: ____ months or weeks
30. Cause of Stillbirth: ____ During labor: ____ Before labor: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) 10:35 a. m. at ____ on the date above stated.

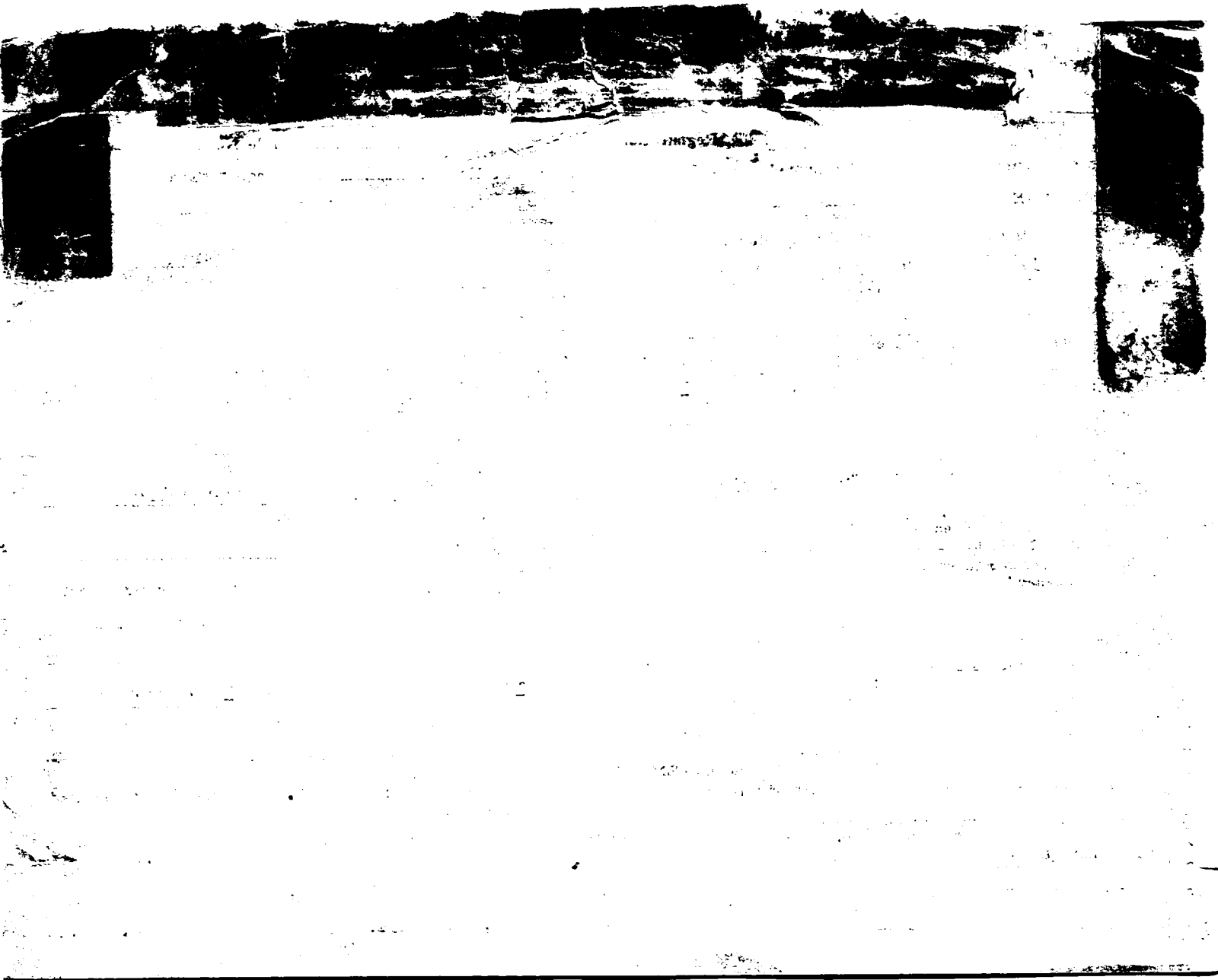
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. S. Meedles, M. D.
or ____, Midwife
Address Montpelier, Idaho

Give name added from a supplemental report ____ (Date of) ____

Filed June 25, 1922

Registrar. ____ Registrar.



719-211-004-699

PLACE OF BIRTH

Amended 1/25/79

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Lanark

No. ..... St. Registration District No. 52 File No. 101954

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Zola Parker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	4-11-1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph W. Parker	FULL MAIDEN NAME	S. F. Orr
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Lanark	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley
Physician
(Physician or midwife)

Address Montpelier Ida

Filed 6 25 1922 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS 78 3 25 PM '78

State of ..... } ss.
County of .....

Certificate No. 101954

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Parker (Name on Original Certificate) who was born (Was Born or Died) on April 11, 1922 (Date of Event) in Lanark, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Add Child's name	unnmed	Zola Parker

Subscribed and sworn to before me this 3rd day of April 1978

Dale H. Robert

Notary Public, residing at Logan Utah

My commission expires Sept 24 1978

(Seal)

X Signed Susie Fontella Parker

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of April, 1978

Dale H. Robert

Notary Public, residing at Logan Utah

My commission expires Sept 24 1978

(Seal)

Signed Gordon L. Parker

(Signature of Any Credible Person)

259 E 3rd So Millville Utah

(Street Address, City, State)

FORM DH 60-155 CL 4/1/69 nm

Certif of Birth from the LD_S Church gives name as Zola Parker.date of birth as ~~Rxxx~~ April 11, 1922 in Lanark, Idaho. father's name as Joseph Parker and Fontella Orr. enterd on record May 7, 1922. viewed by V. S.

Certif of Blessing from the LD Church gives name as Zola Parker Christensen born April 11,1922 at Lanarck, Idaho. daugher of Joseph W. Parker and Susuie Fontella Orr. Blessed May 7 1922. viewed by V. S.

JAN 25 1979

345-112-004-442

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 101955

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Scott Jr. Tueller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	4/12 1922

What bactericidal solution was used in eyes? 10 argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Alvin J. Tueller	FULL MAIDEN NAME	Lelia E. Dustin
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Paris, Ida	BIRTHPLACE	Garden City
OCCUPATION	R. R. Employee	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Montpelier

Filed 6-25-1922 H. H. Kenny Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Montpelier
- Street: .....
- County: Bear Lake County

File Number: 101955

Registration Dist. No. .....

Date of Birth: April 12, 1922

Sex of Child: ~~Female~~ male

Father: Alvin Christen Fuller, Full Name

Mother: Cecilia Ellen Dustin, Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Scott Jr. Fuller, Child's Name in Full

Alvin C. Fuller, Signature of Father or Mother

-- -- FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

651-118-004-258

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Bennington

No. ..... St. Registration District No. 52 File No. 101956

Hospital ..... Primary Registration District No. 2135 Registered No. .....

FULL NAME OF CHILD Ralph Emmerson Weaver
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	4 18 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Elmer Weaver	FULL MAIDEN NAME	Pearl Snyder
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Bennington	BIRTHPLACE	Star Valley
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley
Physician
(Physician or midwife)

Address Montpelier Ida

Filed 6-25 1922 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

...SPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/24/41. w.h.

JUL 19 1966

852-229-004-912

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

Registration District No. 52 File No. 101958

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Dorothy Hess
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 24 1922

What bactericidal solution was used in eyes? 3% Sol argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	George Leslie Hess	FULL MAIDEN NAME	Inger Cecelia Rasmussen
RESIDENCE	Georgetown Idaho	RESIDENCE	Georgetown Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Auto-Machinist	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Kingman
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed June 25 1922 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-128-004-751

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Montpelier

No. ..... St. ..... Registration District No. 52 File No. 101959

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD RODNEY Pearce Sorensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Apr. 28 1922

What bactericidal solution was used in eyes? 5% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Clarence R. Sorensen	FULL MAIDEN NAME	Jennie Pearce
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wisconsin	BIRTHPLACE	Montpelier
OCCUPATION	R. R. Employee	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive B. A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Montpelier Ida

Filed 6-25 1922 H. H. Riley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

EFR 27 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming }
County of Sweetwater } ss.

Certificate No. 101959

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Pearce Sorensen (Name on Original Certificate) who was born (Was Born or Died) on April 28, 1922 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L. D. S. Church (Bible Record, Insurance Policy, Etc.) prepared on July 2, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Pearce Sorensen	Rodney Pearce Sorensen
father's name	Clarence Sorenson	Clarence R. Sorensen

Subscribed and sworn to before me this 25th day of February, 19 42

Notary Public, residing at Rock Springs, Wyoming

My commission expires Dec. 15, 1945.
(Seal)

Signed Clarence R. Sorensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

123 First St., Rock Springs, Wyo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming }
County of Sweetwater } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of February, 19 42

Notary Public, residing at Rock Springs, Wyo

My commission expires Dec. 15, 1945.
(Seal)

Signed Jennie Pearce Sorensen
(Signature of Any Credible Person Other Than Previous Year)

123 First St., Rock Springs, Wyoming.
(Street Address, City, State)

MAR 10 1942

JUL 16 1942

289-229-004-264

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101960

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 82

File No. .....

Hospital .....

Primary Registration District No. 236

Registered No. .....

FULL NAME OF CHILD Lora Virginia Shrope

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	4 - 29 - 1922

What bactericidal solution was used in eyes? Argyrol 5 %

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alpheus Shrope	FULL MAIDEN NAME	Mary M. Sommers
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Montpelier
OCCUPATION	Laborer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) **at** 4 P.C. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. L. Ashley

Physician

(Physician or midwife)

Address Montpelier Idaho

Filed 6 21 1922 N. H. Thorp

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

Attention is directed to the law requiring the filing of a birth certificate within ten days after birth, and to the penalty for failure to do so. Please write plainly with pen and ink, and answer every question. Where the information is not known, write "unknown." Where the question is not applicable, write "none." Be sure to sign your name as informant.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier

Street: [illegible]

County: Bear Lake Co.

File Number: 101060

Registration Dist. No.:

Sex of Child: Female

Date of Birth: April 29 1924.

Father: Alpheus A. Shrope (Full Name)

Mother: Mary M. Lamm (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lois Virginia Shrope

Child's Name in Full

Mrs. Mary Shrope

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

785-129-004-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

County of Bear Lake
City of Montpelier
No. ..... St.
Hospital .....

Registration District No. 52
Primary Registration District No. 2,36

File No. 101961
Registered No. .....

FULL NAME OF CHILD Homer Odell Phelps
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 4 (Day) 29 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Homer Phelps	FULL MAIDEN NAME	Mary Cole
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Montpelier	BIRTHPLACE	Seattle
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 6-25 1922 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

... RECORD
... must be made for each
... and the number of each, in order of birth stated.

2 1943

SEVERAL REASONS WHY A CERT
FOR EACH CHILD

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier

Street:

County: Bear Lake

File Number: ~~101691~~ 101961

Registration Dist. No.:

Date of Birth: April 29 1922

Sex of Child: Male

Father: Homer Stull Phelps (Full Name)

Mother: Mary Gertrude Cole (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Homer Odell Phelps

Child's Name in Full

Mrs. Homer S. Phelps

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

231-202-004-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101962

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Leonore Marie Slater
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	5-2-1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Grover C. Slater	FULL MAIDEN NAME	Martha Berger
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Texas	BIRTHPLACE	Montpelier
OCCUPATION	Laborer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cuckley

Physician (Physician ~~or midwife~~)

Address Montpelier Idaho

Filed 6-28 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss

SEP 12 12 23 PM '77

Certificate No. 101962

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Slater (female) (Name on Original Certificate) who was born (Was Born or Died) on May 2, 1922 (Date of Event)
in Montpelier, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Leonore Marie Slater

Subscribed and sworn to before me this 9 day of September, 19 77.
Jamie Shields
Notary Public, residing at Montpelier, Ida
My commission expires Life time
(Seal)

Signed Martha Slater
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Fort Hall, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of September, 19 77.
Jamie Shields
Notary Public, residing at Montpelier, Ida
My commission expires Life time
(Seal)

Signed .....
(Signature of Any Credible Person)
467 Enfield, Montpelier, Ida
(Street Address, City, State)

FORM DH 60-155

CL 9/1/77 nm

Certificate of Blessing gives name of child born to Grover C. Slater and Martha Marie Berger as Leonore Marie Slater. child born 2/May/22. certificate issued by J. Crockett, Bishop LDS Church on June 1922. viewed by Vital Statistics.

JAN 17 1978

Affidavit of Identity, Martha Marie Stalder is the mother of Lenore Slater. That ~~xk~~ the said Martha Marie Stalder, Affiant, was divorced from her first husband in the year 1926, and was awarded the custody of the above named children.

The she, affiant, was married to Gottfied Stalder, in the year 1928, and that ever since said marriage the above named childred have taken the name Stalder and continued to go by that name and are both known by the name Stalder, haveing used said name continuously since the marriage of affiant to said Gottfried Stalder, their names appearing upon the school, church and family recors as ~~Sx~~ Stalder. dated April 7, 1943. viewed by V. S.

275-205-004-694

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101963

County of Bear Lake

City of Bennington

No. ..... St. ..... Registration District No. 52 ..... File No. .....

Hospital ..... Primary Registration District No. 2136 ..... Registered No. .....

FULL NAME OF CHILD Louise Speirs
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	5-5-1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	L. H. Speirs	FULL MAIDEN NAME	Mary Van Orman
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Bennington	BIRTHPLACE	Bennington
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley
Physician
(Physician ~~or midwife~~)

Address Montpelier Ida

Filed 6-28 1922 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

RECORD ... SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL
BE FILED [illegible] EACH CHILD A[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bennington

Street:

County: Bear Lake

File Number: 101963

Registration Dist. No.:

Date of Birth: May 5 1922

Sex of Child: Female

Father: Lorenzo H. Speirs (Full Name)

Mother: Mary Van Orman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Louise Speirs
Child's Name in Full

Lorenzo H. Speirs
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-208-004-651

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Georgetown

No. ..... St.

Registration District No. 52 File No. 101964

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Elva Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	May 8 1922

What bactericidal solution was used in eyes? 5% Argyral

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lewis L. Smith	FULL MAIDEN NAME	Maryetta Weaver
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Georgetown	BIRTHPLACE	Bennington
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Address Montpelier, Ida.

Filed 6-25-1922 H H Kerr
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OHA

4 CERT
SAME

Dear Ma[illegible]:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Georgetown

Street: Idaho

County: Bear Lake

File Number: 101964

Registration Dist. No: 12

Sex of Child: Female

Date of Birth: May 8th 1922

Father: Lewis Leon Smith (Full Name)

Mother: Marietta Weaver (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elva Smith (Child's Name in Full)

Mrs. Lewis Leon Smith (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

818-109-004-814

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 1 1922
BUREAU OF VITAL STATISTICS

County of Bear Lake
City of Georgetown
No. ..... St.
Registration District No. 52
File No. 101965
Hospital .....
Primary Registration District No. 2136
Registered No. .....

FULL NAME OF CHILD LORAN A HAYES
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	5 9 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Horace Hayes	FULL MAIDEN NAME	Mary Haddock
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Georgetown	BIRTHPLACE	Wardboro
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Montpelier Idaho

Filed 6 22 1922 [signature] Registrar.

and the number of each, in order of birth stated.

APR 27 1954

133-109-004-141

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bern

No. ..... St.

Registration District No. 52

File No. 101966

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD JAY GEORGE Alleman

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 9 1922

What bactericidal solution was used in eyes? 5% Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George Alleman	FULL MAIDEN NAME	Bertha Amacher
RESIDENCE	Bern - Idaho	RESIDENCE	Bern - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 25 a M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Hing MD

Physician

(Physician ~~or midwife~~)

Give names added from a supplemental report.

Address Montpelier Ida

....., 192....

Filed 6-25 192 2 H H Hing

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this o[illegible] It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of birth — City: Bern

File Number: 101966

Street:

Registration Dist. No.: 13

County: Bear Lake

Sex of Child: Male

Date of Birth: May 9th 1922.

Father: George Alleman Jr. (Full Name)

Mother: Bertha Arnacher (Full Maiden Name)

HEREBY CERTIFY that the child described herein has been named:

Jay George Alleman
Child's Name in Full

George Alleman Jr.
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, and legitimacy.

It enables the Public Health Nurse to make sure the c been protected from danger of blindness and other infections

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men pelled to furnish certified copies of certificates of birth, portant that the certificates be filed with the BUREAU OF VITA TICS and the same completed by furnishing the name of the chi

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD

397-209-004-249

PLACE OF BIRTH

JUL 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

File No. 101967

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Emma Vilate Tippets
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 9 1922

What bactericidal solution was used in eyes? 3% Sol Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Harvey Tippets	FULL MAIDEN NAME	Irene Smith
RESIDENCE	Georgetown, Ida	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N N King MD

Physician
(Physician or midwife)

Address Montpelier Ida

Filed 6-25 1922 N N King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REA[illegible] BIRTH SHOU[illegible]

[illegible] FILED FOR EACH [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Georgetown

Street:

County: Bear Lake Co. Idaho

File Number: 101967

Registration Dist. No.:

Date of Birth: May 9 1922

Sex of Child: Female

Father: John Harvey Tippets (Full Name)

Mother: Irene Smith Tippets (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Emma Pilate Tippets (Child's Name in Full)

John H. Tippets (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

etc

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

395-210-004-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. 101968

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Lois Vee Lindsay
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	5-10-1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Edwin Lindsay	FULL MAIDEN NAME	Inez Coon
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Montpelier	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cushley

Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 6-25-1922 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BI[illegible]
BE FILED FOR EACH CHILD AND THE SAME COMPLETED [illegible]

- - - - - - - -

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier

Street: Montpelier Hospital

County: Bear Lake

File Number: 101968

Registration Dist. No.:

Sex of Child: Female

Date of Birth: May 10, 192 2

Father: Edwin R. Lindsay Jr.
Full Name

Mother: Inez Coon
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Lois Vee Lindsay
Child's Name in Full

Inez C. Lindsay
Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

SS1-216-004-294

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. 101969

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Female	X		X	Yes	5-16 19

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Asa C. Evans	FULL MAIDEN NAME	Lenora Kimbell
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:00 P on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Dutton
M.D.
(Physician or midwife)

Address Paris Ida

Filed 6-25-1922 H. H. Kemp
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 7 1976

695-126-004-269

PLACE OF BIRTH

RECEIVED JUL 1 1992 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. 101970

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Orvid Dale Fredricks
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	V 26 1922

What bactericidal solution was used in eyes? V 9 Aug

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	C. H. Fredricks	FULL MAIDEN NAME	L. A. Lorensen
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Denmark	BIRTHPLACE	Geo Faeur Utah
OCCUPATION	Shoe Maker	OCCUPATION	none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at V 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Reilly

Physician
(Physician or midwife)

Address Montpelier Ida

Filed 6-25 1922 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

SEVERAL REA[illegible]

[illegible]ILED FOR [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number .....101970.....

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child.....Male.....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-124-004-513

PLACE OF BIRTH

name added 4-12-83

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE,
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St.

Registration District No. 52

File No. 101971

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Veral Nate Smedley

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5 - 24 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Edwin Smedley	FULL MAIDEN NAME	S. V. Nate
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Paris	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Montpelier Ida

Filed 6-28 1922 [signature]
Registrar.

3-18-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bear Lake } ss.

APR 12 10 39 AM '83

Certificate No. 101971
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Smedley (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 24, 1922 (Date of Event)

in Dingle (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Smedley	Veral Nate Smedley

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of April, 1983

Notary Public, James Lee Nelson

Residing at Montpelier, Idaho

My commission expires Life

(Seal)

Odella Nate (Aunt)
Supporting Signature

441 Jefferson Montpelier Idaho
Street Address, City, State

Certificate of Graduation from LDS Seminaries gives Veral Nate Smedley graduated on May 19, 1940. Viewed by V.S.

APR 12 1983

Honorable Discharge from U.S. Navy gives Veral Nate Smedley was honorably discharged on Feb 4, 1946. Viewed by V.S.

295-206-004-395

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bear

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. 101973

Registered No. .....

FULL NAME OF CHILD Lois Mae Kunz
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 6 (Day) 6 (Year) 1922
Gene		Yes	

What bactericidal solution was used in eyes? 5% Ang

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Able C Kunz	FULL MAIDEN NAME	Mary F Tingley
RESIDENCE	Bear	RESIDENCE	Bear
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Bear	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lashley

M J Mauseele
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Montpelier Idaho

Filed 6-28-1922 H H Kunz
Registrar.

.it t ... the BURE...
and t... ... by furnishing the name of ...

PL... ASSIST BY FURNISHI... THE NAME OF YOUR CHILD.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bern

Street:

County: Bear Lake Co.

File Number: 101973

Registration Dist. No.:

Date of Birth: January 7, 1922

Sex of Child: Female

Father: Noble Chester Kunz (Full Name)

Mother: Hattie Mae Kunz (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lora Mae Kunz
Child's Name in Full

Mrs. C. C. Kunz
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHO
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE N

- - - - - - - - - - -

Birth registration is part of every child's birthr

It establishes legally the date of the child's bir
and legitimacy.

It enables the Public Health Nurse to make sure
been protected from danger of blindness and other infecti

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - -

1. The correct age for purposes of school attend
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the

168-208-004-884

PLACE OF BIRTH
Name added 3-31-81

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 101974

County of Bear Lake

City of Ovid

No. ..... St.

Registration District No. 52

File No. .....

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Ruby June Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	6-8-1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Isaac Johnson	FULL MAIDEN NAME	M. J. Hymas
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ovid	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley
Physician.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Montpelier Idaho

Filed 6-28 1922 [signature] Registrar.

and the number of ...

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS 19 10 04 AM '81

Affidavit to Correct or Amend An Original Certificate of Birth or Death

tate of Idaho } ss.
ounty of Bear Lake }

Certificate No. 101974

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

or Unnamed Johnson (female) (Name on Original Certificate) who was born (Was Born or Died) on June 8, 1922 (Date of Event)

n Ovid, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge,

rue facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), a

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ruby June Johnson

Subscribed and sworn to before me this 16th day of February, 1981

Joan H. Crane

Notary Public, residing at Georgetown

My commission expires Life

(Seal)

Signed Bear River City, Ut

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that the are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of February, 1981

Joan H. Crane

Notary Public, residing at Georgetown

My commission expires Life

(Seal)

Signed David L Pennington

(Signature of Any Credible Person)

2567 Carson Lane, West Jordan, Utah

(Street Address, City, State)

FORM DM 60-155

CL 10/31/78 nm

Certificate of Baptism and Confirmation gives name as Ruby June Johnson, daughter of Isaac Johnson and Martha J. Hymas born June 8, 1922, at Ovid, Ida
Baptized June 6, 1931, in L.D.S.Church
Viewed by V.S

Own child's birth certificate on file with Bureau of Vital Statistics, Boise, Idaho gives name of mother as Ruby June Johnson. Child born October 5, 1946, at Bear Lake County, Idaho. Certificate # 426463.
Viewed by V.S.

389-110-004-464

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101975

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Darwin C. Christofferson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 10 1922

What bactericidal solution was used in eyes? 3% Sol Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Isaac Christofferson	FULL MAIDEN NAME	Mildred Mouritsen
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H King MD
Physician
(Physician or midwife)

Address Montpelier Ida

Filed 6-25 1922 N H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...certificate ... with the bo...
same completed by furnishing the name of the

PLEASE ASS...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bennington

File Number: 101975

Street:

Registration Dist. No.:

County: Bear Lake Idaho

Sex of Child: Male

Date of Birth: June 16 1927

Father: Isaac b. Christofferson (Full Name)

Mother: Mildred Mountsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dawnn b. Christofferson
Child's Name in Full

Mildred Christofferson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-

413-112-004-818

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Wardboro

No. ..... St.

Registration District No. 52

File No. 101976

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD OSCAR LESLIE DALRYMPLE
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	6 — 12 — 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank L. Dalrymple	FULL MAIDEN NAME	Eva Jane Hayes.
RESIDENCE	Wardboro	RESIDENCE	Wardboro
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wardboro	BIRTHPLACE	Georgetown
OCCUPATION	farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley M.D.
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Montpelier Idaho

Filed 6-28 1922 H H Kerry
Registrar.

APR 1 4 1970

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bear Lake } ss.

Certificate No. 101976

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on June 12, 1922 (Date of Event)
in Wardboro, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing Certificate (Bible Record, Insurance Policy, Etc.) prepared on July 23, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Oscar Leslie Dalrymple

Subscribed and sworn to before me this 15th
day of March, 19 43.

Levi Aland
Notary Public, residing at

LEVI ALAND
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1945

My commission expires
(Seal)

Signed Edna Jane Dalrymple
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 18 1943

495-129-004-261

PLACE OF BIRTH

[redacted]

JUL 1 1922 BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

File No. 101978

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Chaney LD'on Michaelson

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	June 29th 1922

What bactericidal solution was used in eyes? Bone acid

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chaney W. Michaelson	FULL MAIDEN NAME	La Vone Swan
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer.	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 45 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

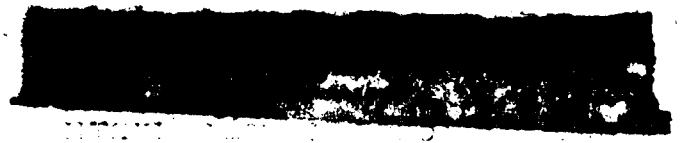
..... Registrar.

Address Montpelier Ida

Filed 6-29 1922 H H King Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 2 6 1975

Dup of 1922 - 103585

294-226-004-269

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

County of Bear Lake
City of Montpelier
No. ..... St.
Registration District No. 52
File No. 101979
Hospital ..... Primary Registration District No. 2/36 Registered No. .....

FULL NAME OF CHILD Pauline Krusell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	June 26 1922

What bacteriedal solution was used in eyes? 5% argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Otto Krusell	FULL MAIDEN NAME	Lidy Sorensen
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Denmark	BIRTHPLACE	Wisconsin
OCCUPATION	R. R. Employee	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1030 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Address Montpelier Ida.

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed 6-28 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

PLACE OF BIRTH

County of

OCT 7 1970

693-106-005-166

PLACE OF BIRTH

[redacted] STATE OF IDAHO
ENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

No. St. Registration District No. 31 File No. 101980

Hospital Primary Registration District No. Registered No. 17

FULL NAME OF CHILD William James Willis
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	6/6/1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	J. E. Willis	FULL MAIDEN NAME	Margaret Atkinson
RESIDENCE	Desmet, Idaho	RESIDENCE	Desmet, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.B. Clozier M.D.
(Physician or midwife)

Address Tekoa, Wash.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed June 14 1922 J. E. Bilsan Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

[redacted]

493-118-005-789

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL - BUREAU STATISTICS

County of Bonneville

City of Desmet

No. ..... St. Registration District No. 31 File No. 101981

Hospital ..... Primary Registration District No. ..... Registered No. 18

FULL NAME OF CHILD Casimir Michell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	April 19 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Mitch Michell	FULL MAIDEN NAME	Mary Plutonene
RESIDENCE	Worley	RESIDENCE	Worley
COLOR	Ind.	COLOR	Ind.
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Desmet Idaho	BIRTHPLACE	Desmet Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mitch Michell

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed June 30 1922 Y. E. Bihan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

756-208-005-316

PLACE OF BIRTH

RECEIVED JUL 1 19 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101982

County of Benewah

City of Desmet

No. ..... St. Registration District No. 31 File No. 2

Hospital ..... Primary Registration District No. ..... Registered No. 19

FULL NAME OF CHILD Grace Elizabeth Peone
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	April 8 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Magnus Peone	FULL MAIDEN NAME	Rose Lafleur
RESIDENCE	Worley, Idaho	RESIDENCE	Worley, Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Desmet, Ida	BIRTHPLACE	Desmet, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rose Lafleur

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address .....

Filed June 30 1922 Y. Le Bihan Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 8 1945

JUN 1 8 1975

41 4-196-205-316

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 1 BUREAU STATISTICS

County of Bonneville

City of Desmet

No. ____ St.

Registration District No. 31

File No. 101983

Hospital ____

Primary Registration District No. ____

Registered No. 2d

FULL NAME OF CHILD Francis Madison

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	April 6 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Henry Madison	FULL MAIDEN NAME	Nancy Lafleur
RESIDENCE	Worley Ida.	RESIDENCE	Worley Ida.
COLOR	White	COLOR	Indian ½ breed
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Desmet Ida.	BIRTHPLACE	Desmet Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Nancy Lafleur

(Physician or midwife)

Address ____

Filed June 30 1922 Y. L. Bilsan Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-228-005-165

PLACE OF BIRTH

RECEIVED JUL 1 BUREAU STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101984

County of Benewah

City of Desmet

No. ..... St.

Registration District No. 31

File No. 2

Hospital Sisters

Primary Registration District No. .....

Registered No. 21

FULL NAME OF CHILD ~~Unnamed~~ Laird, Margaret L.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes	June 28 1922

What bactericidal solution was used in eyes? copper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Daniel Laird	FULL MAIDEN NAME	Nellie I. Jones
RESIDENCE	Tekoa, Wash	RESIDENCE	Tekoa, Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Minn	BIRTHPLACE	Arkan
OCCUPATION	Butcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Barteau M.D.

(Physician or midwife)

Give names added from a supplemental report.

..... 192....

Registrar.

Address Desmet, Idaho

Filed June 30 1922 Y. L. Bihan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The Holy Sacrament of Baptism, Roman Catholic Church, Sacred Heart Church, Tekoa, Wn. - July 16, 1922 gives full name of child as Margaret L. Laird, born June 28, 1922 to Dan Laird and Nellie Jones - viewed by V.S. and Notificateion of Birth Registration, Oakland, California, Own Child's Birth, Index Number 8339, December 18, 1943 - gives full maiden name of mother as Margaret Lucille Laird - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jerome

Certificate No. 101984

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Laird (Name on Original Certificate) who born (Was Born or Died) on June 28, 1922 (Date of Event) in Desmet, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Margaret L. Laird

Subscribed and sworn to before me this 30 day of November, 1960

Wilda McGuire

Notary Public, residing at Jerome Idaho

My commission expires Dec 26, 1960

(Seal)

Signed Margaret Anne Thorpe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 L 7-28-60.

DEC 5 1960

491-220-005-149

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Near Plummer

Registration District No. 46 File No. 101985

No. ..... St.

Primary Registration District No. 2173 Registered No. 6

Hospital .....

FULL NAME OF CHILD Maxine Zoe Drabe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	May 20 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter M. Drabe	FULL MAIDEN NAME	Dorothy L. Jury
RESIDENCE	Rainier Wash	RESIDENCE	Plummer Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Nelson
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Tekoa, Wn.

Registrar

Filed May 30 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 19 1942

219-116-005-163

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bunewah

City of Plummer

Registration District No. 46 File No. 101986

No. ..... St.

Primary Registration District No. 2123 Registered No. 5

Hospital .....

FULL NAME OF CHILD Donald Bowmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	May 16 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy E. Bowmer	FULL MAIDEN NAME	Florence Jolly
RESIDENCE	Plummer, Ida	RESIDENCE	Plummer Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	S. Dakota	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	Hacine Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 9.48 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wooley Idaho

Filed May 16 1922 [illegible] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1987

533-212-005-445

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Near Plummer

Registration District No. 46 File No. 101987

No. ..... St.

Primary Registration District No. 2123 Registered No. 4

Hospital

FULL NAME OF CHILD Dorothy Dean Ellis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	Apr 12 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. C. Ellis	FULL MAIDEN NAME	Jeanie Dean Munns
RESIDENCE	Benewah Co.	RESIDENCE	Benewah Co
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Nelson
Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Tekoa, Wash.

Registrar

Filed May 16 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] with the BUR[illegible]
[illegible] compl[illegible] by furnishing the name o[illegible]

PLEASE ASSIST BY FURNISHING THE NAME

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Plummer

Street: R.F.D. #1

County: Benewah

File Number: 101987

Registration Dist. No.:

Date of Birth: May 12, 1929

Sex of Child: Female

Father: Carey Clark Ellis Sr.
Full Name

Mother: Jeanie Dean Munns
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Dorothy Dean Ellis
Child's Name in Full

Mrs. C. C. Ellis
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is im-

331-228-007-331

name added & last name [redacted]
amend 1-6-84 dl

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

BUREA[redacted]TATISTICS

County of Blaine

CERTIFICA[redacted] BIRTH

RECEIV[redacted]
JUN 22 192[redacted]
BUREAU OF VIT[redacted]
STATISTICS

City of Carey

Registration District No. 57 File No. 101988

No. ..... St.

Primary Registration District No. 2025 Registered No. 32

Hospital .....

FULL NAME OF CHILD Melba Elaine Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	2-28-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph ~~Clarke~~ Clark	FULL MAIDEN NAME	Alice Clark
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White AGE AT LAST BIRTHDAY 49 (Years)	COLOR	White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornaline (Born alive or stillborn), at 3:45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Carey Idaho

Filed 4-31 1922 Robert H. Wright Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-27-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of JEROME } ss.

Certificate No. 101988
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Clarke (Name on Original Certificate) who was born (Was Born, Died, etc.) on 2-28-22 (Date of Event)

in Carey (Blaine) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
fathers last name	Clarke	Clark
childs name	Unnamed Clarke	Melba Elaine Clark

Subscribed and sworn to before me this 8th day of DEC., 1983

Notary Public Linda Thompson

Residing at JEROME, IDA. 83338

My commission expires Life

(Seal)

Melba Elaine Clark
Signature of Applicant

Carey, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of IDAHO
County of JEROME } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of DEC., 1983

Notary Public Linda Thompson

Residing at JEROME, IDA.

My commission expires Life

1 cc pd

(Seal)

Elizabeth Mary Wilde
Supporting Signature

301 west 'G' Jerome Idaho 83338
Street Address, City, State

Certificate of Blessing from LDS Church gives Melba Elaine Clark daughter of Joseph Clark and Alice Clark born Feb 28, 1922 at Carey was blessed May 7, 1922. Viewed by V.S.

JAN 6 1984

Record of Baptism lists Melba Elaine Clark born Feb 28, 1922 to Joseph Clark and Alice Clark was baptised Aug 2, 1930. Viewed by V.S.

766-225-007-619 Child's name added 2-23-90 MCM

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUN 22 '22
BUREAU OF VITAL STATISTICS

County of Blaine

City of Carey

Registration District No. 57

File No. 101989

No. ____ St.

Primary Registration District No. 2025 Registered No. 33

Hospital ____

FULL NAME OF CHILD ANNIE MARGARET POWERS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			yes	3	25	1922

FATHER

FULL NAME William H. Powers

RESIDENCE Mont.

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Mont.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Georgina Farnsworth

RESIDENCE Carey

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Utah

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder M.D

Physician

(Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report. ____ 19____

Filed 4-31 1922 Robert H. Wright

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-27-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards and Local Health Services

RECEIVED
AUG 3 0 1989
VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 101989
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Girl Powers (Name on Original Certificate) who was born (Was Born, Died, etc.) on Mar 25, 1922 (Date of Event)

in Carey (Blaine) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl Powers	Annie Margaret Powers

Subscribed and sworn to before me this 2nd day of August, 19 89.

X Notary Public, [signature]
Residing at Twin Falls, Id.
My commission expires 9-25-94
(Seal)

X Ann M Baker
Signature of Applicant

X Rt #1 Bx 4223
Street Address, City, State

TTF

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ID birth certificate shows Robert Dean Peterson born Dec 15, 1941 in Hailey to Robert Peterson & Annie Margaret Powers age 19 and born in Carey, ID, state file #41-329506. Viewed by VS.

FEB 2 3 1990

LDS membership record shows Annie Margaret Powers Anderson born Mar 25, 1922 in Carey to William H Powers & Georgina Farnworth and blessed May 7, 1922. Viewed by VS.

792-116-007-386

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 192
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Picabo

Registration District No. 57 File No. 101990

No. ..... St.

Primary Registration District No. 2022 Registered No. 34

Hospital .....

FULL NAME OF CHILD Willard ~~Jennings~~ L. Gibbs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	4-16-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard J. Gibbs	FULL MAIDEN NAME	Ann Thomas
RESIDENCE	Picabo	RESIDENCE	Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Carey Idaho

Filed 4-31 1922 Robert H. Wright Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
AUG 5 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... Aug. 3 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ..... Pucabo

Street .....

County ..... Blaine

File Number 101990

Registration Dist. No. .....

Sex of Child ..... Male

Date of Birth ..... April 16 ..... 1922.

Father ..... Willard L Tibbs ..... Full Name

Mother ..... Ann Thomas ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Willard Junior Tibbs .....

Child's Name in Full

..... Mrs Ann Tibbs .....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

JUN 10 1943
MAR 13 1956
11/7/40

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-117-007 PLACE OF BI[redacted] REC[illegible] JUN 22 [illegible] BUREAU OF VITAL STATISTICS

S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Blaine

City of Carey Registration District No. 57 File No. 101091

No. ____ St.

Primary Registration District No. 2045 Registered No. 35

Hospital ____

FULL NAME OF CHILD Edwin Simpson Baird

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	4-17 1922

FATHER

FULL NAME William Baird Jr

RESIDENCE Carey

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Allieson M. Simpson

RESIDENCE Carey

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Utah

OCCUPATION Housekeeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician

(Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed 4-31 1922 Robert H. Wright

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... JUL. 13. 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED DEC 26 1922 VITAL STATISTICS

Place of Birth — City ..... Carey Idaho .....

Street .....

County ..... Blaine .....

File Number ..... 101991 .....

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth ..... April 17 ..... 1922.

Father ..... William Murdock Baird ..... Mother ..... Allie W. Simpson .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Edwin Simpson Baird .....

Child's Name in Full

..... Allie W. Baird .....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

JUN 21 1966

349-225-007-6/51

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Registration District No. 57 File No. 101992

Primary Registration District No. 2095 Registered No. 36

Hospital .....

FULL NAME OF CHILD Janet Mina Turnbull

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
female				yes	4	25	22

FATHER		MOTHER	
FULL NAME	James Turnbull	FULL MAIDEN NAME	Dorothy B. Dragen
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Nevada
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Barnalive, at 3:30P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician (Physician or midwife)

Address Carey Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4-31 1922 Robert H. Wright Registrar

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUL 13 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Carey

Street: .....

County: Blaine

File Number: 101992

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: April 25 1922.

Father: James Turnbull (Full Name)

Mother: Dorothy Drager (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Janet Minna Turnbull (Child's Name in Full)

Dorothy Turnbull (Signature of Father or Mother)

filed

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

MAY 24 1944

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-226-007-331

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 57

File No. 101993

No. ..... St.

Primary Registration District No. 2075

Registered No. 37

Hospital .....

FULL NAME OF CHILD Lorene Wilde

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 4 (Month) - 26 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME James H. Wilde	FULL MAIDEN NAME Ida Le Clarke
RESIDENCE Carey	RESIDENCE Carey
COLOR White · AGE AT LAST BIRTHDAY 36 (Years)	COLOR White · AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) Houston E Snyder

Physician

(Physician or midwife)

Address Carey Idaho.

Filed 4-31 1922 Robt H. Wright

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

SEP 12 1923

Boise, Idaho _____ 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Cary

ST. Idaho

COUNTY Blaine

FILE NO. ~~[illegible]~~ 101993

DATE OF BIRTH 24 April 1922

SEX OF CHILD Female.

FATHER James H Wilde

MOTHER Ida L Clark (Maiden Name)

I HEREBY CERTIFY that the child herein described has been named:

Lorene Wilde

Ida L Wilde

Signature of Father or Mother.

RECEIVED
OCT 18 1923
BUREAU OF VITAL STATISTICS

me added incorrectly to birth certificate of sister born June 1, 1923 - #114177
orrectly added to this certificate #101993 3-2-88 lh

355-220-007-719

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Picabo

Registration District No. 57 File No. 101994

No. _____ St.

Primary Registration District No. 2022 Registered No. 38

Hospital _____

FULL NAME OF CHILD Lucia Cenarrusa

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	4-20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Cenarrusa	FULL MAIDEN NAME	Ramona Garaogui
RESIDENCE	Picabo	RESIDENCE	Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Carey Idaho.

Registrar

Filed 4-31 1922 Robert H. Wright Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: picabo Idaho

Street: .....

County: Blaine

File Number: 101994

Registration Dist. No.: .....

Sex of Child: Female

Date of Birth: April 20 1922

Father: Joseph Lenarru (Full Name)

Mother: Ramona Garaupi (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

~~Lucia~~ Lucia Lenarruza (Child's Name in Full)

Joseph Lenarruza (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

MAY 1 1944

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

469-206-007-433

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUN 2 ...

County of Blaine

City of Ketchum

Registration District No. 57

File No. 101995

No. ..... St.

Primary Registration District No. 2022

Registered No. 39

Hospital .....

FULL NAME OF CHILD Leona Lesine Morris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	Firm	yes	April 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Lincoln Morris	FULL MAIDEN NAME	Mary Jane McCoy
RESIDENCE	Ketchum Idaho	RESIDENCE	Ketchum Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Denver, Colo	BIRTHPLACE	Ketchum Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. T. Brock

M. D.
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Hailey Idaho

Filed 4-31 1922 Robert H. Wright
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1942

659-114-007 — RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

101996

County of Blaine

City of Carey

Registration District No. 57

File No.

No. ____ St.

Primary Registration District No. 2025

Registered No. 41

Hospital

FULL NAME OF CHILD David Dean Weir

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	4 14 1922

FATHER

FULL NAME: Robert E. Weir

RESIDENCE: Carey, Ida

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Zada Pershall

RESIDENCE: Carey, Ida

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Washington

OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 9 M. on the date above stated.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida

Filed 4-20 1922 Robert H. Wright Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/6/41 L. E.

455-111-007-875

[redacted] 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

Registration District No. 57 File No. 101997

No. ..... St.

Primary Registration District No. 2022 Registered No. 40

Hospital .....

FULL NAME OF CHILD Manuel Mendisobel Jr. MENDIZABAL

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	4	11	1922

FATHER		MOTHER	
FULL NAME	Manuel Mendisobel MENDIZABAL	FULL MAIDEN NAME	Dominga Epelde
RESIDENCE	Hailey, Ida	RESIDENCE	Hailey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright. M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hailey, Ida

Filed 4-20 1922 Robert H. Wright Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Power, }

Certificate No. 101997

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Manuel Mendisobel (Name on Original Certificate) who was born (Was Born or Died) on April 11th 1922 (Date of Event)
in Hailey Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Fathers Naval Reserve Papers (Bible Record, Insurance Policy, Etc.) prepared on Apr. 2, 1917 (as to surname) (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Mendisobel	~~Mendisabal~~ MENDIZABAL

Subscribed and sworn to before me this 2nd day of July, 1942

Notary Public, residing at

My commission expires
(Seal)

Signed mrs D. mendizabal
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

AMERICAN FALLS, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Power, }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of July, 1942.

Notary Public, residing at RESIDING AT AMERICAN FALLS, IDAHO
My commission expires MY COMMISSION EXPIRES OCTOBER 22, 1943
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 6 1942

JUL 7 1942

DEC 10 195

238-130-007-659

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

Registration District No. 57 File No. 101998

No. ..... St.

Primary Registration District No. 2022 Registered No. 43

Hospital .....

FULL NAME OF CHILD Donald Sidney Schaufelberger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male ~~Female~~			Yes	Apr 30 1922

FATHER	MOTHER
FULL NAME Oscar A. Schaufelberger	FULL MAIDEN NAME Beatrice M. Werry
RESIDENCE Bellevue, Ida	RESIDENCE Bellevue, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Zurich, Switzerland	BIRTHPLACE Idaho
OCCUPATION Electrician	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright. M.D.

(Physician or midwife)

Address Hailey, Ida

Given names added from a supplemental report.

....., 19....

Registrar

Filed 5-1 22 Robert H. Wright

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30 1942

763-216-007-296

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECD JUN 22 192 BUREAU OF STATISTICS

Registration District No. 57 File No. 101999

Primary Registration District No. 2022 Registered No. 42

FULL NAME OF CHILD Mary Ellen Poteet

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	4 16 1922

FATHER		MOTHER	
FULL NAME	Clarence H. Poteet	FULL MAIDEN NAME	Jennie Brooks
RESIDENCE	Bellevue, Ida	RESIDENCE	Bellevue, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	California	BIRTHPLACE	West Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

(Signature) Robert H. Wright M.D.

(Physician or ~~midwife~~)

Address Hailey, Ida

Filed 4-20 1922 Robert H. Wright Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City Bellevue Idaho

Street .....

County Blaine

File Number 101999

Registration Dist. No. .....

Sex of Child Female

Date of Birth April 16 192 2

Father Clarence Henry Poteet
Full Name

Mother Jennie Brooks
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Mary Eellen Poteet
Child's Name in Full

Clarence Henry Poteet
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

491-120-008-386

PLACE OF BIRTH

STATE OF IDAHO [redacted]
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise
City of Swartzburgh
No. ..... St.
Hospital .....

Registration District No. 12 File No. 102000
Primary Registration District No. 12 Registered No. 30

FULL NAME OF CHILD Elmer A Grapeau
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	4 (To be answered only in event of plural births)	yes	Jan 20 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Eldelmore Grapeau	FULL MAIDEN NAME	Ivy Thompson
RESIDENCE	Swartzburgh	RESIDENCE	Swartzburgh
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Mining	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz
(Physician or midwife)

Give names added from a supplemental report.

..... 19....
Mrs E S Robson
Registrar.

Address Swartzburgh
Filed March 25 1922 Mrs E S Robson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] PLACE OF [redacted]

County of [redacted]

City of Quartz burgh

No. 962-118-008-514 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 102001

Hospital _____ Primary Registration District No. 12 Registered No. 37

FULL NAME OF CHILD Alvin Brown Roberts
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	Yes	Jan 18 1922

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alvin Roberts	FULL MAIDEN NAME	Edesse Nadeau
RESIDENCE	Quartz burgh	RESIDENCE	Quartz burgh
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	[illegible]
OCCUPATION	Mining	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Fitz
(Physician or midwife)

Give names added from a supplemental report.

_____, 19__
Mrs E S Robison
Registrar.

Address _____

Filed March 1 1922 Mrs E S Robison
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for [illegible] and the number of each, in order of birth stated.

Dup of 1922-DSI-853

[redacted] OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 10 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102002

County of Bonneville
City of St Maries
No. 315-103-005-455 St. Registration District No. 32 File No.
Hospital Primary Registration District No. 2049 Registered No. 43

FULL NAME OF CHILD Eugene Ray Lantzy
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	4	yes	6 3 1922

What bactericidal solution was used in eyes? Protargol 1%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Lantzy	FULL MAIDEN NAME	Clara Denison
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Oregon	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O.S. Platt
Physician
(Physician or ~~midwife~~)

Address

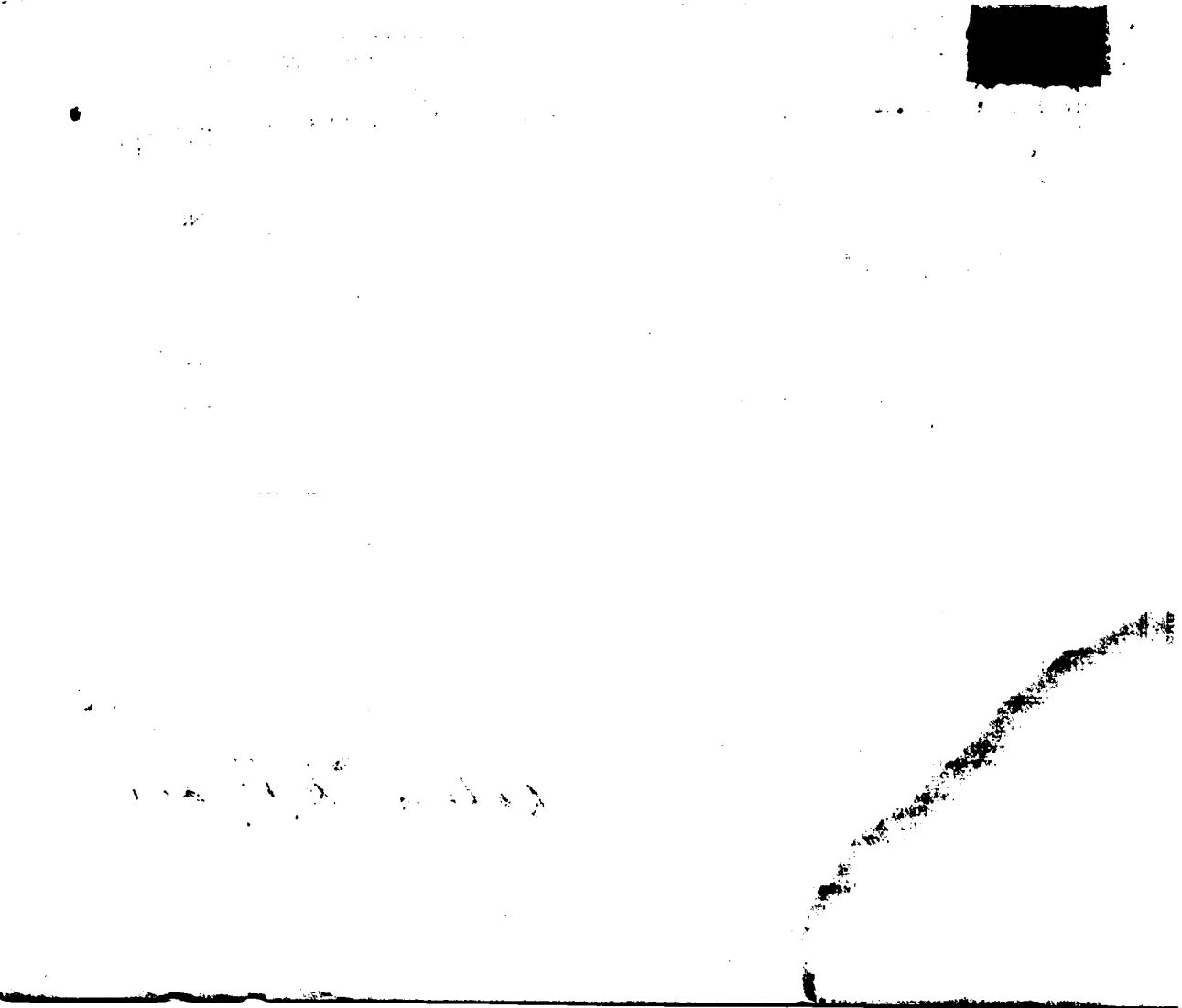
Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed 7/7/ 1922 Osmanager
Registrar.

and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

~~289~~ 209-005-613

County of Benevah

City of St. Maries

No. 11th + College St.

Hospital St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 102003

Primary Registration District No. 2049 Registered No. 44

FULL NAME OF CHILD Mary Elizabeth Shewnack
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	6 - 5 1922

What bactericidal solution was used in eyes? Argyrol 10% Solution

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Carl K. Shewnack	FULL MAIDEN NAME	Lydia Watt
RESIDENCE	St. Maries, Ida	RESIDENCE	St. Maries, Ida
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Omaha, Neb
OCCUPATION	Loco-Fireman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 15 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Cornwall

Physician
(Physician ~~or midwife~~)

Address St Maries Idaho

Filed 7/7 1922 O S Manager
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

APR 17 1942

249-214-005-669

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bineweh

City of St Maries Ida

No. ..... St.

Registration District No. 32 File No. 102004

Hospital ..... Primary Registration District No. 2049 Registered No. 45

FULL NAME OF CHILD Elizabeth Jane Barber
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Y	2 (To be answered only in event of plural births)	Yes	6 14 1922

What bactericidal solution was used in eyes? Protargol Sent

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Barber	FULL MAIDEN NAME	Ida Forsyth
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Saw Mill Cabinet	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Platt

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address St Maries Idaho

Filed 7/7 1922 Osmunger
Registrar.

BURBIE

Dup of 22-344599

953-18-005-
PLACE OF BIRTH 253

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102005

County of Bonner

City of St Maries Ida

No. ..... St.

Registration District No. 32

File No. .....

Hospital .....

Primary Registration District No. 2049

Registered No. 46

FULL NAME OF CHILD Charles Nathan Rector

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		2	Yes	6-18-1927

What bactericidal solution was used in eyes? Protargol 2%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Delbert L. Rector	Martha M. Bellinger
RESIDENCE	St Maries	St Maries Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	Wash	N. Dak
OCCUPATION	Logger	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:30 A.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Peel

Physician

(Physician or ~~midwife~~)

Address St Maries Ida

Filed 7/7 1927 D Swanger

Registrar.

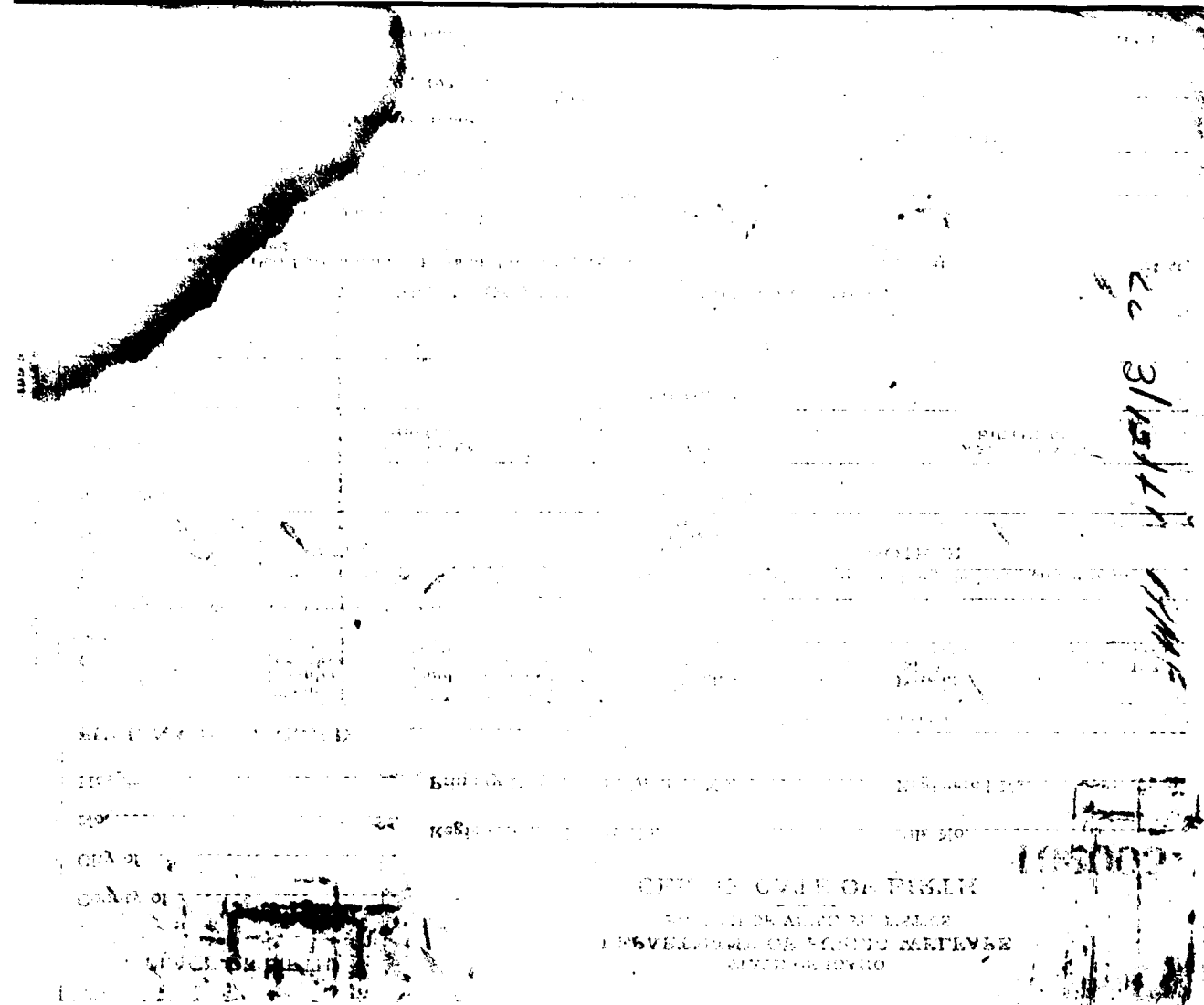
Give names added from a supplemental report.

....., 192.....

.....

Registrar.

N. B.—In case of more than one child, use a separate certificate for each, and the number of each, in order of birth.



154-207-006-791

PLACE OF BIRTH

RECEIVED JUL 1 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

County of Bingham

City of Belfoot

No. W. Bridge St.

Registration District No. 131

File No. 102010

Primary Registration District No. [illegible]

Registered No. 243

Hospital

FULL NAME OF CHILD Eunice M. Anderson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
1	X		X	Yes	June 7 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl G. Anderson	FULL MAIDEN NAME	Amanda Graham
RESIDENCE	Belfoot. West Bridge	RESIDENCE	Belfoot W. Bridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Real Estate + Loans	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:50 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address [illegible] Idaho

Registrar

Filed [illegible] 1922 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 1953

212-119-006-212

PLACE OF BIRTH AMENDED 11/14/50

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Taber
No. ____ St.
Hospital ____

Registration District No. 121 File No. 102011
Primary Registration District No. 2194 Registered No. 244

FULL NAME OF CHILD Max Masao Sakamoto
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 192 (Year)
Male			Yes	6/19/22

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Bunyame Sakamoto	FULL MAIDEN NAME: Norae Sakamoto
RESIDENCE: Taber, Idaho	RESIDENCE: Taber, Idaho
COLOR: Yellow	COLOR: Yellow
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Japan	BIRTHPLACE: Japan
OCCUPATION: Section Foreman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 AM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

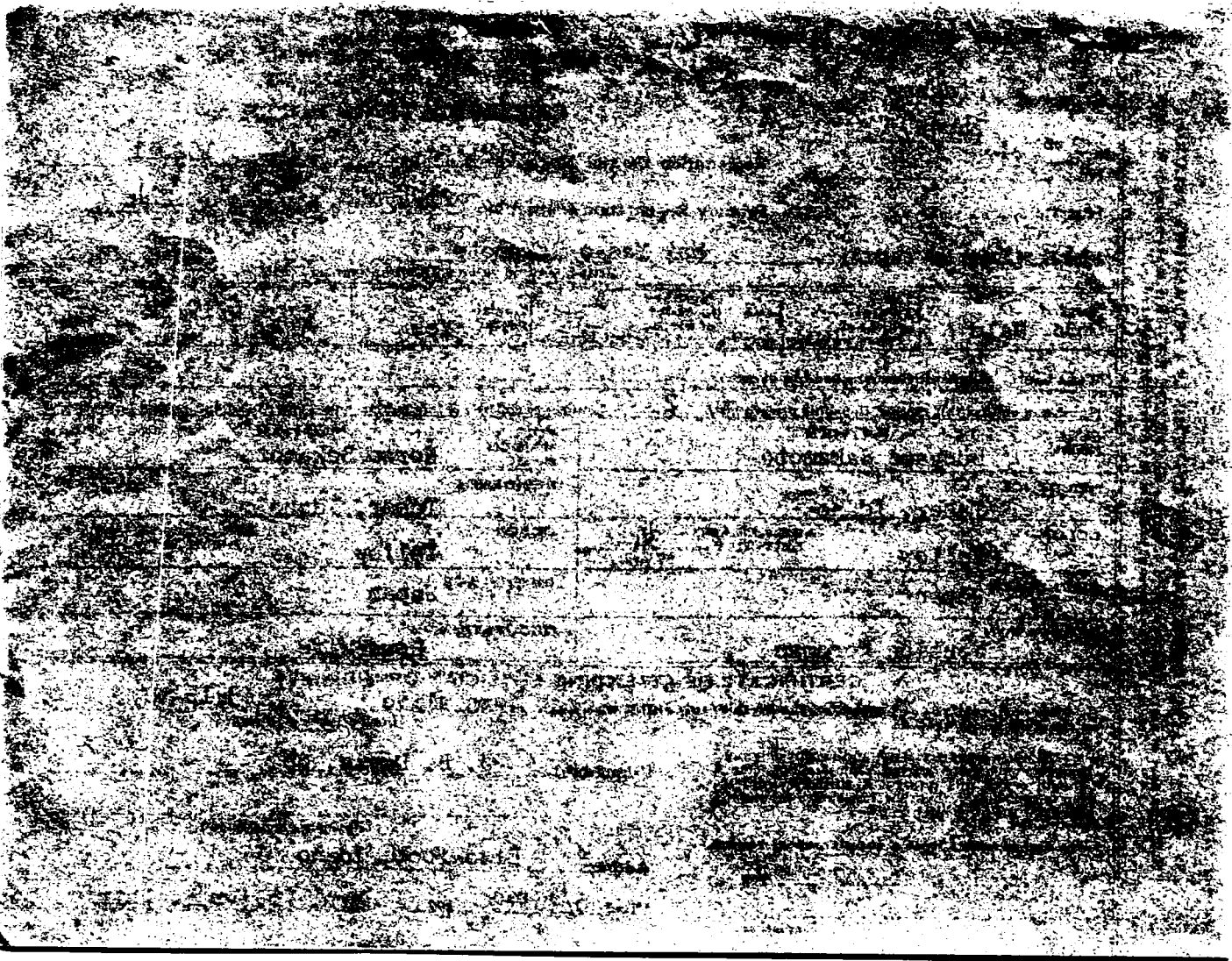
(Signature) J. B. Davis, MD
(Physician or midwife)
Address Blackfoot, Idaho

Give names added from a supplemental report.

....., 192.....
Registrar.

Filed 6/28/22 192 Mrs. Walter E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss. Certificate No. 102011
County of Weber } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for NORAE SAKAMOTO (Name on Original Certificate) who was born (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Norae Sakamoto	Max Masao Sakamoto

Subscribed and sworn to before me this 7th day of November, 1950

Ida W. Holmes
Notary Public, residing at Ogden, Utah
My commission expires My Commission Expires July 14, 1952
(Seal)

Signed Gero B. Sakamoto
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

330 23rd Street, Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of November, 1950

C. Wm. Oliver, Probate Judge
~~Notary Public~~, residing at St. Anthony, Idaho
My commission expires elective
(Seal)

Signed Mrs. E. L. Hewlett
(Signature of Any Credible Person)

Box 73 St. Anthony, Idaho
(Street Address, City, State)

715-222-006-295

PLACE OF BIRTH

County of Bingham

City of Riverside

No. ..... St.

Hospital .....

RECEIVED JUL 1 19 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

Registration District No. 121

File No. 102012

Primary Registration District No. 2194

Registered No. 245

FULL NAME OF CHILD Elva Leone Gavoille

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate	Date of Birth
F	X		X	Yes	June 22 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Constant Gavoille	FULL MAIDEN NAME	Mabel Bingham
RESIDENCE	Riverside	RESIDENCE	Riverside
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot, Idaho.

Filed June 28 1922 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

522-203-006-314

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121

File No. 102013

Primary Registration District No. 2194

Registered No. 246

FULL NAME OF CHILD Melva June Eskelsen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 3 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ray Eskelsen	FULL MAIDEN NAME	Ida Lamprecht
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Germany
OCCUPATION		OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Address Blackfoot, Ida

Filed June 28 1922 Walter E. Watkins
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Y FURNISHING OF YOUR C

STATE ..... Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: 508 N. University

County: Kingham

File Number: 10013

Registration Dist. No.: 1

Sex of Child: Female

Date of Birth: June 3 1922

Father: Ray J. Eskelsen (Full Name)

Mother: Ida Lamprecht (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Melva June Eskelsen

Child's Name in Full

Mrs. Ray J. Eskelsen

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATIS-

539-103-006-813

PLACE OF BIRTH

RECEIVED JUL 1 BUREAU STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121

File No. 102014

Hospital .....

Primary Registration District No. 2194

Registered No. 247

FULL NAME OF CHILD Beth Elison
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	June 3 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Horace A Elison	FULL MAIDEN NAME	Katy Hale
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)

Address Blackfoot, Ida

Filed June 28 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1943

993-205-006-68

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

10:2015

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R D # 1 St.

Hospital

Registration District No. 121 File No.

Primary Registration District No. 7 1 2 4 Registered No. 2 1 5

FULL NAME OF CHILD Josephine Margaret Rice

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 5 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harvey A Rice	FULL MAIDEN NAME	Mary Wynn
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kansas	BIRTHPLACE	Oklahoma
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 10:30 P. M. **on the date above stated.**

(Signature) W W Beck

Physician

(Physician or midwife)

Address Blackfoot Idaho

Filed June 8 1922 Mrs Mabel E Patene

Registrar.

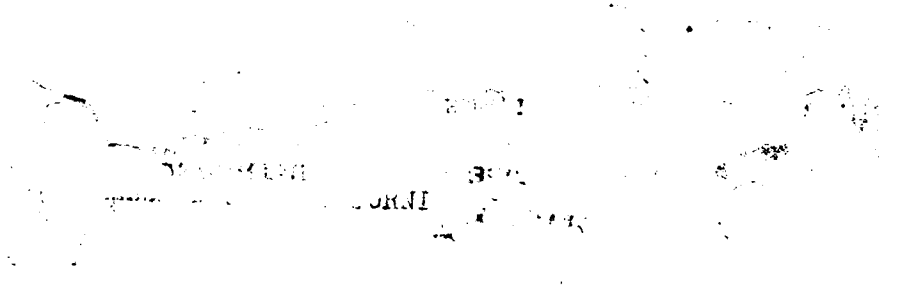
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.



Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number .....102015.....

Registration Dist. No. .....

Sex of Child.....Female.....

Date of Birth .....192....

Father ..... Mother .....

Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of [illegible]

255-121-006-533

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 1 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 102016

Primary Registration District No. 2144 Registered No. 249

FULL NAME OF CHILD Arnold Linn Kent

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 21 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Arnold Kent	FULL MAIDEN NAME	Cloe Ellis
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) W W Peck

(Physician or midwife)

Address Blackfoot, Ida.

Filed June 28 1922 Mrs Hulda E. Eaton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NAME OF YOUR CHILD.

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

File Number: 102016

Street:

County: [redacted] Bingham

Registration Dist. No.:

Sex of Child: Male

Date of Birth: June 21 1922

Father: Sidney Arnold Kent (Full Name)

Mother: Frances Lachlo Ell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Arnold Linn Kent

Child's Name in Full

Arnold Kent

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
'ILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CH

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, paren
legitimacy.

It enables the Public Health Nurse to make sure the child
protected from danger of blindness and other infections at bi

- - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are c
to furnish certified copies of certificates of birth, it is
t that the certificates be filed with the BUREAU OF VITAL STA
nd the same completed by

753-222-086-869

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. [illegible] St.

Registration District No. 121 File No. 102017

Hospital

Primary Registration District No. 21911 Registered No. 230

FULL NAME OF CHILD Zoa JUNE Petersen
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 21st 192[illegible]

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth [illegible] Number of child of this mother now living, including present birth [illegible]

FATHER	MOTHER
FULL NAME Victor A. Petersen	FULL MAIDEN NAME Myrtle Horton
RESIDENCE Blackfoot	RESIDENCE Blackfoot
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farming	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Blackfoot, Idaho

Filed June 2 192[illegible] [illegible]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] name of th[illegible]

[illegible]NISHING THE NAME OF YOUR CHILD.

Dear Madam: BUREAU OF VITAL STATISTICS

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street:

County: Bingham

File Number: 102017

Registration Dist. No.:

Date of Birth: June 12 1922

Sex of Child: Female.

Father: Victor Anthony Peterson (Full Name)

Mother: Myrtle Horlacher (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Loa Peterson
Child's Name in Full

Myrtle H. Peterson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certified

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 102017

State of Idaho }
County of Franklin } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~Loa~~ - Birth
(Birth or Death)
for Loa June Peterson who born on June 21 - 1922
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Loa	Loa June Peterson
Date	June 22	June 21st

Subscribed and sworn to before me this 3
day of June, 1942

Ben B Johnson
Notary Public, residing at Preston

My commission expires 9-1-44
(Seal)

Signed Myrtle H Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Preston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 5 1942

JUN 8 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 881-222-006-155

name added 2-14-84

dl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 443 N. University St.

Hospital

Registration District No. 121

Primary Registration District No. 1007

File No. 102018

Registered No. 251

FULL NAME OF CHILD Marjorie Christina Hyatt
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	June 22 1924

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chester Bartlett Hyatt	FULL MAIDEN NAME	Dolores Jensen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician or midwife)

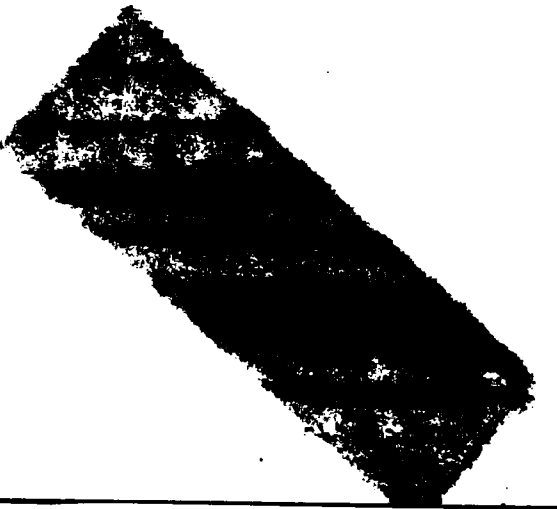
Address Blackfoot, Idaho

Filed June 28 1924 Mrs Helen E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.



....., 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number ..... 102018 .....

Registration Dist. No. .....

Sex of Child ..... Female .....

Date of Birth ..... 192....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

10-18-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 102018
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hyatt (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 22, 1922 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Marjorie Christina Hyatt

Subscribed and sworn to before me this 27th day of January, 19 84

Notary Public, [illegible]

Residing at Basalt Bingham Idaho

My commission expires For Life (If Renewed)

(Seal)

x Dell A Jensen
Signature of Applicant

x Route 1 Firth Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of January, 19 84

Notary Public, [illegible]

Residing at Basalt Bingham Idaho

My commission expires For Life (If Renewed)

(Seal)

Charles M. Berg
Supporting Signature

Box 123 Basalt Idaho
Street Address, City, State

lcc pd

Blessing Record for LDS Church gives Marjorie Christina Hyatt born June 22, 1922 in Basalt was blessed Nov 5, 1922. Viewed by V.S.

FEB 14 1984

Baptism record from LDS Church gives Marjorie Christina Hyatt born June 22, 1922 in Idaho was baptised July 5, 1930. Viewed by V.S.

2684 219-006-217

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot AMENDED March 1, 1947
No. ____ St. Registration District No. 121 File No. 102019
Hospital ____ Primary Registration District No. 2194 Registered No. 252

FULL NAME OF CHILD Mary Ethel Sohm
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				May 19 192 2

What bacteriocidal solution was used in eyes? Silver Nitrate 2% Sol.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Fred C. Sohm	FULL MAIDEN NAME: Cora Baggs
RESIDENCE: Blackfoot, Idaho	RESIDENCE: Blackfoot, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Switzerland	BIRTHPLACE: Nebraska
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton, M.D.

(Physician or midwife) Blackfoot, Idaho

Address ____

Give names added from a supplemental report.

...., 192....

Registrar.

Filed June 28, 1922 Mrs. Walter E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 102019

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc)	FROM (As on Original)	TO (The Correct Facts)
Name	Lucille Sohm	Mary Ethel Sohm

Subscribed and sworn to before me this 24 day of February, 1947.

E. E. Taylor

Notary Public, residing at Blackfoot, Ida.

My commission expires Jan 15th 1948

(Seal)

Signed Cora Jane Sohm
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Blackfoot Idaho Route 2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 1947.

E. E. Taylor

Notary Public, residing at Blackfoot, Ida.

My commission expires Jan 15th 1948.

(Seal)

Signed Joseph R Dawson
(Signature of Any Credible Person)

Moreland Idaho Box 73
(Street Address, City, State)

[redacted]

APR 3 1953

418-124-006-62

PLACE OF BIRTH

RECEIVED
JUL 1 1932
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Blackfoot

No. ..... St.

Registration District No. 121

File No. 102020

Hospital .....

Primary Registration District No. 2144

Registered No. 253

FULL NAME OF CHILD Orland Clayton

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	5 / 24 / 1932

What bacterieidal solution was used in eyes? Silver nitrate sol 2%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo Clayton	FULL MAIDEN NAME	Violet Walker
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 1 m. alive (Born alive or stillborn) at 10:02 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. C. Hamblin M.D.

(Physician or midwife)

Address Blackfoot Ida

Filed June 28 1932 Mrs Hallie E. Gates
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-226-006-319

PLACE OF BIRTH

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121 File No. 102021

Hospital ..... Primary Registration District No. 1007 Registered No. 254

FULL NAME OF CHILD Lenora C Martinell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 6 (Day) 26 (Year) 1922
Female		yes	

What bactericidal solution was used in eyes? Silver nitrate 2% sol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	C. F. Martinell	FULL MAIDEN NAME	Myrtle Carson
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	S Dakota	BIRTHPLACE	Ida
OCCUPATION	Strayman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Hampton M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed June 28 1922 Mrs Walter E. Pabne
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-203-006-391

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102022

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121 File No. .....

Hospital ..... Primary Registration District No. 2194 Registered No. 255

FULL NAME OF CHILD Goldie Jones
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 6 (Day) 3 (Year) 1922
Female		yes	

What bactericidal solution was used in eyes? Silver nitrate 2% sol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Evan Jones	FULL MAIDEN NAME	Una Grasure
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed June 28 1922 Wm Walter E. Potter
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 17 1963

165-205-006-769

PLACE OF BIRTH

County of Bingham

City of Sterling Price

No. ..... St.

Hospital .....

FULL NAME OF CHILD Ardith Odell Jones

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June 5 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos. Henry Jones	FULL MAIDEN NAME	Delila Porter
RESIDENCE	Sterling Idaho	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. A. (Born alive or stillborn) at 12 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Registrar

Filed June 28 1922 [illegible]

Registrar

Form V. S. No. 11-G—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

File No. 102023

Registered No. [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUL 20 1922
BUREAU OF VITAL STATISTICS

JUL 13 1922

Boise, Idaho, ... 1922

Dear Sir:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sterling

Street: .....

County: Bingham

File Number: ~~102016~~ 102023

Registration Dist. No. .....

Date of Birth: June 5th 1922

Sex of Child: Female

Father: Thomas Henry Jones (Full Name)

Mother: Delila Porter (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ardith Odell Jones. (Child's Name in Full)

Mrs. Delila Jones. (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

DEC 27 1941

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for [illegible] and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

[illegible] 119-006-563

PLACE OF BIRTH

[illegible] Bingham

RECEIVED JUL 1 [illegible] BUREAU OF VITAL STATISTICS

City of Springfield Registration District No. 121 File No. 102024

No. ..... St.

Primary Registration District No. 2194 Registered No. 257

Hospital Andrew La Var Searle

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 19 1922

FATHER		MOTHER	
FULL NAME	Sarah O. Searle	FULL MAIDEN NAME	Adaleine M. Nelson
RESIDENCE	Springfield Ga	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn), at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot

Filed June 28 1922 Mrs Helen E. Patrie

Registrar

MAR 20 1952

JUN 6 1955

155-125-006-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Gibson

Registration District No. 121 File No. 102025

No. ..... St.

Primary Registration District No. 2194 Registered No. 258

Hospital .....

FULL NAME OF CHILD XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX VARSEL SMITH JENKS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male					June 25 22

FATHER		MOTHER	
FULL NAME	Asael Jenks	FULL MAIDEN NAME	Mable Smith
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 05 P M. on the date above stated.

(Born alive or stillborn)

(Signature) W. E. Patrick MD

(Physician or midwife)

Address Blackfoot Idaho

Filed June 28 1922 Mrs Ruler E. Patrick Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

FEB 2 1948

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Minidoka }

Certificate No. 102025

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Asael Jenks Jr. (Name on Original Certificate) who was born (Was Born or Died) on June 25, 1922 (Date of Event)
in Gibson, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Asael Jenks, Jr.	Varsel Smith Jenks

Subscribed and sworn to before me this 28th day of January 19 48

A. D. Mary

Notary Public, residing at Rupert, Idaho.
My commission expires July 6, 1951
(Seal)

Signed Asael Jenks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of January, 19 48

A. D. Mary

Notary Public, residing at Rupert, Idaho
My commission expires July 6, 1951
(Seal)

Signed Mable S Jenks
(Signature of Any Credible Person)

(Street Address, City, State)

FEB 3 1948

235-113-006-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. W Park St.
Hospital
Registration District No. 121
Primary Registration District No. 1007
File No. 102026
Registered No. 959

FULL NAME OF CHILD Alfred George Stephens
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 13 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Darsey Brown Stephens	FULL MAIDEN NAME	Estes Savanel Walburn
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wyo	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons M D
(Physician or midwife)

Address Blackfoot Ida

Filed June 26 1922 Wm O Mullen Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-124-006-236

PLACE OF BIRTH

amend 1-14-83

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Wafello St.

Registration District No. 121

File No. 102027

Hospital

Primary Registration District No. 2194

Registered No. 260

FULL NAME OF CHILD Douglas Scott Malm
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 24 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Earl Malm	FULL MAIDEN NAME	Wilma Scott
RESIDENCE	Blackfoot R 3	RESIDENCE	Blackfoot R 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 4.8 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons
M D
(Physician or midwife)

Address Blackfoot Ida

Give names added from a supplemental report.

....., 19....

Registrar.

Filed June 28 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/10/82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bannock } ss. JAN 13 4 20 PM '83

Certificate No. 102027
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Earl Malm Jr. (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 24, 1922 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Earl Malm Jr.	Douglas Scott Malm

Subscribed and sworn to before me this 12th day of January, 1983

Notary Public, Vickie A. Christensen

Residing at Pocatello, Idaho

My commission expires Life

(Seal)

Douglas Scott Malm
Signature of Applicant

752 No 10th Pocatello Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 1983

Notary Public, Vickie A. Christensen

Residing at Pocatello, Idaho

My commission expires Life

(Seal)

Mable Ann Malm
Supporting Signature

752 N 10th Pocatello, Ida
Street Address, City, State

LDS Church record of blessing gives Douglas Scott Malm born 5-24-22 in Idaho to Earl Godfrey Malm and Wilma Scott was blesed 7-2-22. Viewed by V.S.

JAN 14 1983

LDS Church record of Baptism gives Douglas Scott Malm born 5-24-22 in Bingham County to Earl G Malm and Wilma Scott was baptised 7-5-30. Viewed by V.S.

155-105-006-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. Groveland St.
Registration District No. 121
File No. 102028
Hospital
Primary Registration District No. 2194
Registered No. 261

FULL NAME OF CHILD Stanley James Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 5 1922

What bactericidal solution was used in eyes? Ag No 3 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Hans Jensen	FULL MAIDEN NAME	Martha Rasmussen
RESIDENCE	Blackfoot R 4	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Denmark	BIRTHPLACE	Calo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons
M D
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot Ida

Filed June 28 1922 Mrs Walter E. Palmer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 2 1 1949

DECEASED

619-206-006-244

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. 50 University
Registration District No. 121
File No. 102029
Hospital
Primary Registration District No. 1007
Registered No. 202.

FULL NAME OF CHILD Lucile Mildred Ward
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	—	Yes	June 6 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag No 3 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	John Logan Ward	FULL MAIDEN NAME	Clara S. Sumercarn
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	N. Car	BIRTHPLACE	N. Car.
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons
M D
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot Ida

Filed June 25 1922 Mrs Helen E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1942

359-209-006-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. W Court St.
Hospital

Registration District No. 131
File No.
Primary Registration District No. 10-7
Registered No. 102030

FULL NAME OF CHILD Alta Savann Terrill
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	June 9 1922

What bactericidal solution was used in eyes? Ag NO_3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Hubert B. Terrill	FULL MAIDEN NAME	Altie May Davis
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Painter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 38 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons
MD
(Physician or midwife)

Address Blackfoot Ida

Filed June 25 1922 Mrs Helen E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

435-226-006-368

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Maryland St.

Registration District No. 121 File No. 102032

Hospital

Primary Registration District No. 2194 Registered No. 265

FULL NAME OF CHILD Edna McNeal
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	June 26 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? agno 3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Vardie McNeal	FULL MAIDEN NAME	Nannie Loy
RESIDENCE	Blackfoot Ida R 4	RESIDENCE	Blackfoot Ida R 4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Okla
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 28 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed June 28 1922 Mrs Helen E. Palmer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1942

631-127-006-559

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102033

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121

File No. .....

Hospital .....

Primary Registration District No. 1007

Registered No. 266

FULL NAME OF CHILD Joe Flaherty, Joseph Raymond Flaherty
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	June 27 1922

What bactericidal solution was used in eyes? Agno 3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jack Flaherty	FULL MAIDEN NAME	Fern Vernon
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Nebr	BIRTHPLACE	Nebr
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Simmons
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Blackfoot Ida

Filed June 28 1922 Mrs Thalia E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1942

FEB 10 1947

DEC 1 1950

238-114-006-695

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 102034

No. ..... St.

Primary Registration District No. 2194 Registered No. 267

Hospital .....

FULL NAME OF CHILD Donald Bert Schneider

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	Yes	May (Month) 14 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER,		MOTHER	
FULL NAME	Miles R. Schneider	FULL MAIDEN NAME	Estella D. Wilde
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Jackson M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot, Idaho

Filed June 28 1922 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-712-006-459

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ____ St.

Registration District No. 121 File No. 102035

Hospital Central Primary Registration District No. 1007 Registered No. 268

FULL NAME OF CHILD Theda June Peterson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	June 12, 1922

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Myron Peterson	FULL MAIDEN NAME: Sarah Merkley
RESIDENCE: Blackfoot, Idaho	RESIDENCE: Blackfoot, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Fairview, Utah	BIRTHPLACE: St. Charles, Idaho
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Jackson
(Physician or midwife)

Address Blackfoot, Idaho

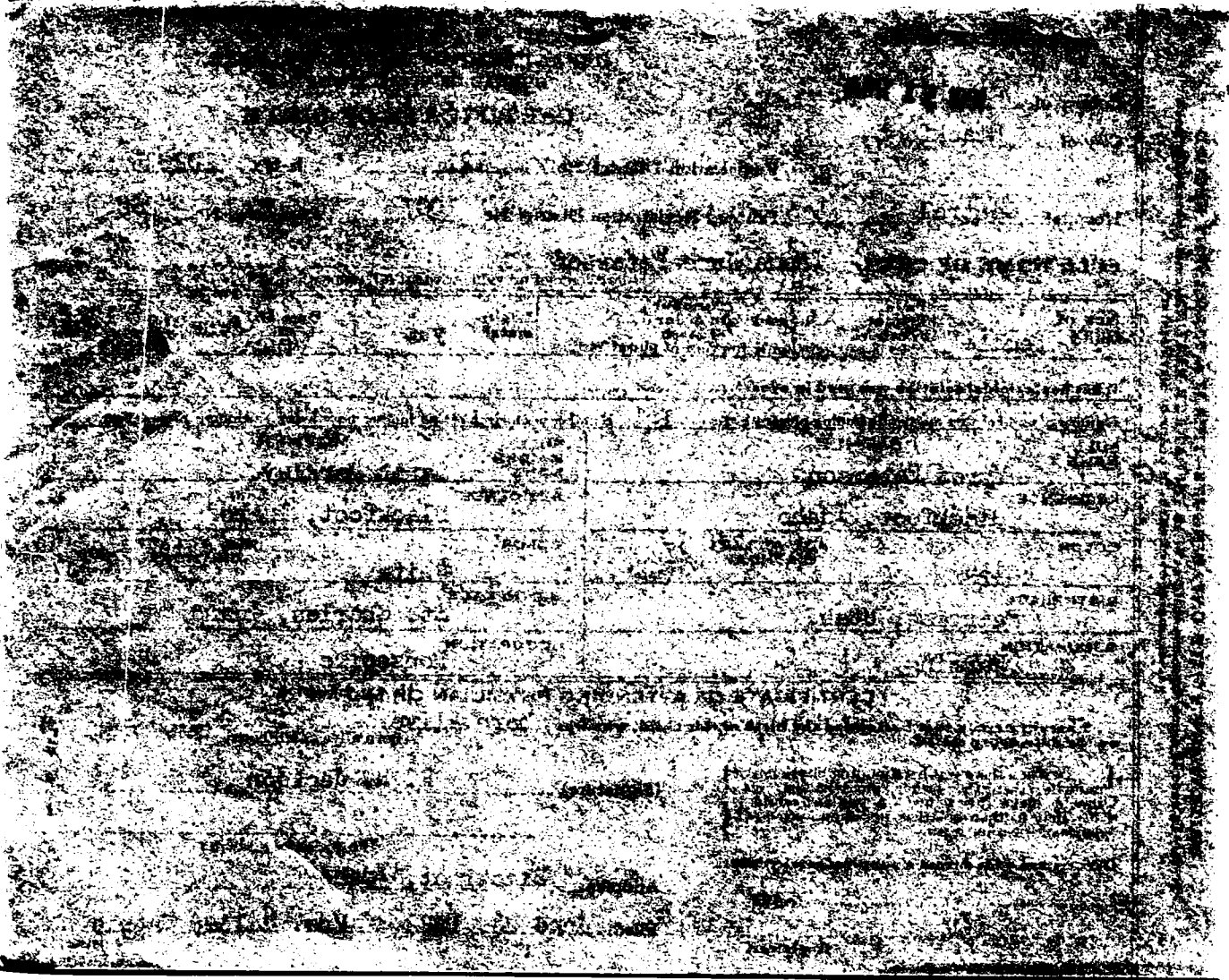
Filed June 28, 1922 Mrs. Walter Patrie
Registrar.

Give names added from a supplemental report.

....., 192.....

....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



753-205-006-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

No. ____ St.

Registration District No. 121 File No. 102036

Hospital ____ Primary Registration District No. 2194 Registered No. 269

FULL NAME OF CHILD Eldora Lorenda Peterson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 5 -

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leo Peterson	FULL MAIDEN NAME	Francis Johnson
RESIDENCE	Firth Idaho	RESIDENCE	Firth Shelley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Illinois	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Piston agent	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Egbert
Physician
(Physician or midwife)

Address Shelley Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 28 1922 Mrs. Laura E. [illegible]
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-219-006-852

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121

File No. 102037

No. ..... St.

Primary Registration District No. 2194

Registered No. 270

Hospital .....

FULL NAME OF CHILD Glendora McGarey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	April 19 1922

FATHER		MOTHER	
FULL NAME	Job McGarey	FULL MAIDEN NAME	Emily Greta Hess
RESIDENCE	Shelley Idaho	RESIDENCE	Shelley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Taylorsville Utah	BIRTHPLACE	Shelley Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. Egbert

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Idaho

Filed June 28 1922 Mrs Walter E. Fabre

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

217-225-006-633

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 121 File No. 102038

Hospital ..... Primary Registration District No. 2194 Registered No. 271

FULL NAME OF CHILD ~~Louise~~ MARGARET AILEEN Sage
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 25 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	~~Louise~~ Ben Sage	FULL MAIDEN NAME	Minnie Ott
RESIDENCE	Shelley Idaho	RESIDENCE	Shelley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. Egbert

Physician
(Physician or midwife)

Address Shelley Idaho

Filed June 28 1922 Mrs Nateen E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

SEP 28 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 102038

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	~~Of~~ Louise	Margaret Aileen Sage

Subscribed and sworn to before me this 25th day of September, 19 42.

L. Jensen

Notary Public, residing at Shelley, Idaho.

My commission expires

(Seal)

Signed Minnie Ott Sage

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother

Shelley, Idaho, RFD 2.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of September, 19 42.

L. Jensen

Notary Public, residing at Shelley, Idaho.

My commission expires June 16, 1943.

(Seal)

Signed A G Ott

(Signature of Any Credible Person Other Than Previous Year)

Shelley, Idaho.

(Street Address, City, State)

SEP 30 1942

614-114-006-814

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Shelley
No. ..... St.
Hospital .....

Registration District No. 121 File No. 102039
Primary Registration District No. 2174 Registered No. 272

FULL NAME OF CHILD Keith Abiah Wadsworth
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	May 14 1922

What bactericidal solution was used in eyes? Yes.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lawrence Wadsworth	FULL MAIDEN NAME	Hilda Emma Hampton
RESIDENCE	Shelley Ida.	RESIDENCE	Shelley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Shelley Ida.	BIRTHPLACE	Shelley Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Sybit
Physician
(Physician or midwife)

Address Shelley Idaho.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed [illegible] 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls Idaho

Street: .....

County: Bonneville

File Number: 102039

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 14 1922

Father: Laurence Wadsworth (Full Name)

Mother: Hilda Emma Hampton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Keith Abiah Wadsworth

Child's Name in Full

Laurence Wadsworth

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is im-

236-229-006-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 121

File No. 102040

Hospital .....

Primary Registration District No. 2144

Registered No. 273

FULL NAME OF CHILD Doris Storey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 29 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Arthur Storey	FULL MAIDEN NAME	Carl Johnson
RESIDENCE	Shelley Ida	RESIDENCE	Shelley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Maroni Utah	BIRTHPLACE	Hyrum Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Egbert

Physician
(Physician or midwife)

Address Shelley Idaho

Give names added from a supplemental report.

..... 19....

Registrar.

Filed June 2 1922 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 70-07
Date Filed JUL 28 1941

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Doris Story (Name on original certificate) who was born (Was born or died) on May 29, 1922 (Date of event)
in Shelley, Idaho, Route #1 (Jamestown) (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Christening certificate (Bible record, insurance policy, etc.) prepared on July 2 - 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	not named	Doris Story

Subscribed and sworn to before me this 25th
day of July, 19 41
Jno. H. Falk, Clerk of District Court
Notary Public, residing at Blackfoot, Idaho
My commission expires 1-11-1943
[SEAL] By L Adamson Deputy

Signed Mrs. Pearl Story (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Blackfoot, Idaho, Route #3
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bingham }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of July, 1941
Jno. H. Falk, Clerk of District Court
Notary Public, residing at Blackfoot, Idaho
My commission expires 1-11-43
[SEAL] By L Adamson Deputy

Signed Mina Johnson
(Signature of any credible person other than the previous affiant)
Firth, Idaho,
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MAY 2 4 1967

113-229-006-113

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

County of Bingham

City of Shelley

Registration District No. 121

File No. 102041

No. ..... St.

Primary Registration District No. 2174

Registered No. 274

Hospital .....

FULL NAME OF CHILD Ellen May Jackson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		no	May 29 1922

FATHER		MOTHER	
FULL NAME	Jacob Huntsman	FULL MAIDEN NAME	Phoebea Ann Jackson
RESIDENCE	Blackfoot Ida	RESIDENCE	Shelley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	—	BIRTHPLACE	Hyrum Utah
OCCUPATION	Laborer	OCCUPATION	None

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Egbert

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Idaho.

Filed Jan 25 1926 [illegible]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-222-006-366

PLACE OF BIRTH

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 121 File No. 102043

Hospital .....

Primary Registration District No. 2194 Registered No. 276

FULL NAME OF CHILD Wanda Angaline Cazier
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 22 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Oscar Cazier	FULL MAIDEN NAME	Olive May Cook
RESIDENCE	Firth Idaho	RESIDENCE	Firth Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Nephi Utah	BIRTHPLACE	Deseret Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. Egbert
Physician
(Physician or midwife)

Address Shelley Ida.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed June 28 1922 Mrs Thalia E. Peters
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 9 1945

DEC 2 2 1945

695-220-006-315

PLACE OF BIRTH

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102044

County of Bingham
City of Shelley
No. ..... St.
Hospital .....

Registration District No. 121 File No. .....
Primary Registration District No. 2194 Registered No. 277

FULL NAME OF CHILD Fielding
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 20 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Neph Fielding	FULL MAIDEN NAME	Lillie Cannon
RESIDENCE	Shelley Idaho	RESIDENCE	Shelley Idaho
COLOR	W AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Roberts M.D.
(Physician or midwife)

Address Shelley Idaho

Filed June 28 1922 Mrs Walter E. Pabst
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-102-006-231

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 102045

Primary Registration District No. 2194 Registered No. 278

FULL NAME OF CHILD Teeples.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 2 1922

What bactericidal solution was used in eyes? Sol. Silver Nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jno. Teeples	FULL MAIDEN NAME	Rena Blade
RESIDENCE	Shelley Ida	RESIDENCE	Shelley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:14 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) + E. R. Reeves M.D.
(Physician or midwife)

Address Shelley, Idaho

Filed June 2 1922 Jno. Waters E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-109-006-437

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 121

File No. 102046

Hospital .....

Primary Registration District No. 2194

Registered No. 279

FULL NAME OF CHILD CARL MERRELL BRADLEY
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 9 (Year) 1922
Male			

What bactericidal solution was used in eyes? Sol argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	A. Melvin Bradley	FULL MAIDEN NAME	Hazel McGeary
RESIDENCE	Shelley Ida	RESIDENCE	Shelley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Labor	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) + E R Roberts MD
(Physician or midwife)

Address Shelley Idaho

Filed June 25 1922 Mrs Walter E. Pickins
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUPLICATE CERTIFICATE

Recorded in the Shelley Second Ward Record of Members
Book D, Line

Shelley Second Ward Shelley Stake No. 184

Certificate of Baptism and Confirmation

Date February 25, 1942

This Certifies that Carl Merrell Bradley

Son (Son or Daughter) of Amos Melvin Bradley (Father's Name) and Hazel McGary (Mother's Maiden Name)

Born May 9, 1922 (Date), at Shelley (City or Town), Bingham (County), Idaho (State or Nation)

was baptized August 2, 1930 (Date), by Raymond Herbert (Elder or Priest),

and confirmed a member of the Church of Jesus Christ of Latter-day Saints, August 3, 1930 (Date)

by Elder Eli C. Searle

Signed Joseph M Bowler (Clerk) Signed Lloyd B Kelley (Bishop)

Printed in U. S. A. 7-9-36

713-120-006-468

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham

City of Firth

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

102047

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 280

FULL NAME OF CHILD Joseph Stanley Palany
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 20 1922

What bactericidal solution was used in eyes? Sil Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph Palany	FULL MAIDEN NAME	Sadie Moyle
RESIDENCE	Firth Idaho	RESIDENCE	Firth Idaho
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	France	BIRTHPLACE	Cal
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Roberts M.D.
(Physician or midwife)

Address Shelley Idaho

Filed June 28 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO

SEC WEL.

RECEIVED
JUL 1
BUREAU OF VITAL STATISTICS

Boise, Idaho, JUL 1 3 1927 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Shelley

Street

County Bingham

File Number 102047

Registration Dist. No.

Sex of Child Male

Date of Birth May 28 192 7

Father Joseph Leopol Palany (Full Name)

Mother Sadie Moyle (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Joseph Stanley Palany
Child's Name in Full

Mrs. J. Palany
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MAY 12 1972

MAR 23 1972

SEP 20 1945

363-230-006-818

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Shelley
No. ..... St.
Hospital .....

Registration District No. 121 File No. 102048
Primary Registration District No. 2194 Registered No. 281

FULL NAME OF CHILD Anna Louise Collard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	May 30 1922

What bactericidal solution was used in eyes? Sol Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER		MOTHER
FULL NAME	Ralph Collard	FULL MAIDEN NAME	Nellie Hahn
RESIDENCE	Shelley Ida	RESIDENCE	Shelley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Ill	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 34 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts MD.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Shelley Idaho

Filed Jun 28 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
SEP 1
BUREAU OF
STATISTICS

OF IDAHO

Boise, Idaho, ... 1922.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City ... Shelley
- Street .....
- County ... Bingham

File Number 102048

Registration Dist. No. .....

Date of Birth May 30 ..... 1921.

Sex of Child ..... Female

Father Ralph Raymond Collard
Full Name

Mother Nellie Gladys Hale
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Anna Louise Collard
Child's Name in Full

Nellie Collard
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MAY 8 1952

613-213-006-685

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102049

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 121 File No. .....

Hospital ..... Primary Registration District No. 2194 Registered No. 282

FULL NAME OF CHILD Frances Oreta Waller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 13 1922

What bactericidal solution was used in eyes? Hg Nd3 Sol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Roy B. Waller	FULL MAIDEN NAME	Cora Wheeler
RESIDENCE	Shelley Idaho	RESIDENCE	Shelley Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	New	BIRTHPLACE	Neb
OCCUPATION	Mechanic	OCCUPATION	Home Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Robert M.D.
(Physician or midwife)

Address Shelley Idaho

Filed June 28 1922 Mrs Walter E. Pabrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1943

Dept of 1922 - 104391

666-117-006-217

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. 102050

Primary Registration District No. 2194 Registered No. 283

FULL NAME OF CHILD Raymond Loe Woodward
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	June 17 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Frank Woodward	FULL MAIDEN NAME	Ida Sage
RESIDENCE	Shelley Ida	RESIDENCE	Shelley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Kans.
OCCUPATION	Laborer	OCCUPATION	at home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Richards M.D.
(Physician or midwife)

Address Shelley Idaho

Filed June 28 1922 Norma Walker E. Palmer
Registrar.

Give names added from a supplemental report

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1948

695-228-0016-191

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

10205

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 191 File No. .....

Primary Registration District No. 2194 Registered No. 284

FULL NAME OF CHILD Louise Fielding

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	3-28-1922

FATHER		MOTHER	
FULL NAME	Joseph Fielding	FULL MAIDEN NAME	Anny Grave
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 30 A. M. on the date above stated.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley Ida

Filed June 29 1922 Mrs Hallie E. Petrie
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

RECEIVED
JUL 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 13 1922 192 2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelley

Street: Route 1

County: Bingham

File Number 102051

Registration Dist. No. 49

Date of Birth March 28 1922

Sex of Child: Female

Father: Joseph Fielding (Full Name) Mother: Amy A. Grave Fie (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Louise Fielding
Child's Name in Full

Joseph Fielde
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, pa... and legitimacy.

It enables the Public Health Nurse to make sure the chi... been protected from danger of blindness and other infections at

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this ti...e while many of the Ex-Service men a... pelled to furnish certified copies of certificates of birth, it ...portant that the certificates be filed with the BUREAU OF VITAL ...TICS and the same completed by furnishing the name of the child.

JAN 23 1945

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

213-202-006-165

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. 102052

Primary Registration District No. 2194 Registered No. 585

FULL NAME OF CHILD Carol Mae Bateman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	4 (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Marvin Jesse Bateman	FULL MAIDEN NAME	Ida Emma Jones
RESIDENCE	Shelley R#2	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley, Ida

Filed June 29 1922 Mrs Walter E. Peters

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

F 31

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelley

Street: N. W. 2

County: Bingham

File Number: 102052

Registration Dist. No.: 30

Date of Birth: April 2nd 192.2

Sex of Child: Female

Father: Marvin Jesse Bateman (Full Name)

Mother: Ida Emma Jones (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Carol Mae Bateman
Child's Name in Full

Mrs. Marvin J. Bateman
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

553-112-006-719

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
1 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bingham

City of Shelley.

No. ..... St.

Hospital .....

FULL NAME OF CHILD Jacque Richard Van Velle.

CERTIFICATE OF BIRTH

102053

Registration District No. 131 File No. .....

Primary Registration District No. 2144 Registered No. 386

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
M.				yes	4 (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Glenn L. Van Velle	FULL MAIDEN NAME	Noryne Virginia Garner
RESIDENCE	Shelley.	RESIDENCE	Shelley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Mont
OCCUPATION	Bookkeeper	OCCUPATION	House Keeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley, Ida.

Registrar

Filed June 24 1922 Mrs Walter E. Pate

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Id. ..... 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Shelley
Street: .....
County: Bingham

File Number: 102053

Registration Dist. No. .....

Date of Birth: April 12 1922

Sex of Child: Male

Father: Glenn Lyle Van Velle
Full Name

Mother: Noryne Virginia Gardner
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Jacque Richard Van Velle
Child's Name in Full

Mrs. Glenn L. Van Velle
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

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It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake

Certificate No. 102053

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Jacque Richard VarVelle (Name on Original Certificate) who was born (Was Born or Died) on April 12, 1922 (Date of Event) in Shelly, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by birth record Glen Lyle Varvel, the father, on file Bureau Vital Statistics, (Bible Record, Insurance Policy, Etc.) prepared on Jefferson City, Missouri, are

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of father	Glenn L. VarVelle	Glenn Lyle Varvel
Name of child	Jacque Richard VarVelle	Jacque Richard Varvel

Subscribed and sworn to before me this 7th day of April, 1942

Paul Koulis

Notary Public, residing at 880 West North Temple

My commission expires Jan 17, 1945
(Seal)

Signed Glenn Lyle Varvel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) father of child.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of April, 1942

Paul Koulis

Notary Public, residing at 880 West North Temple

My commission expires Jan 17, 1945
(Seal)

Signed Noryne Virginia Gardner
(Signature of Any Credible Person Other Than Previous Year) Mother of child.

(Street Address, City, State)

MAY 18 1942

MAR 5 1948

MAR 5 1948

141-15-006-343

PLACE OF BIRTH

AMENDED - JANUARY 9, 1950

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 102054

Primary Registration District No. 2194 Registered No. 287

FULL NAME OF CHILD Edwin Cutler Adamson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	April 15 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... 2 Number of children of this mother now living, including present birth .. 2 ....

FATHER		MOTHER	
FULL NAME	James B. Adamson	FULL MAIDEN NAME	Genevieve Cutler
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ....., at ..... 1:06 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler, M. D.

(Physician or midwife)

Address Shelley, Idaho

Give names added from a supplemental report.

....., 192.....

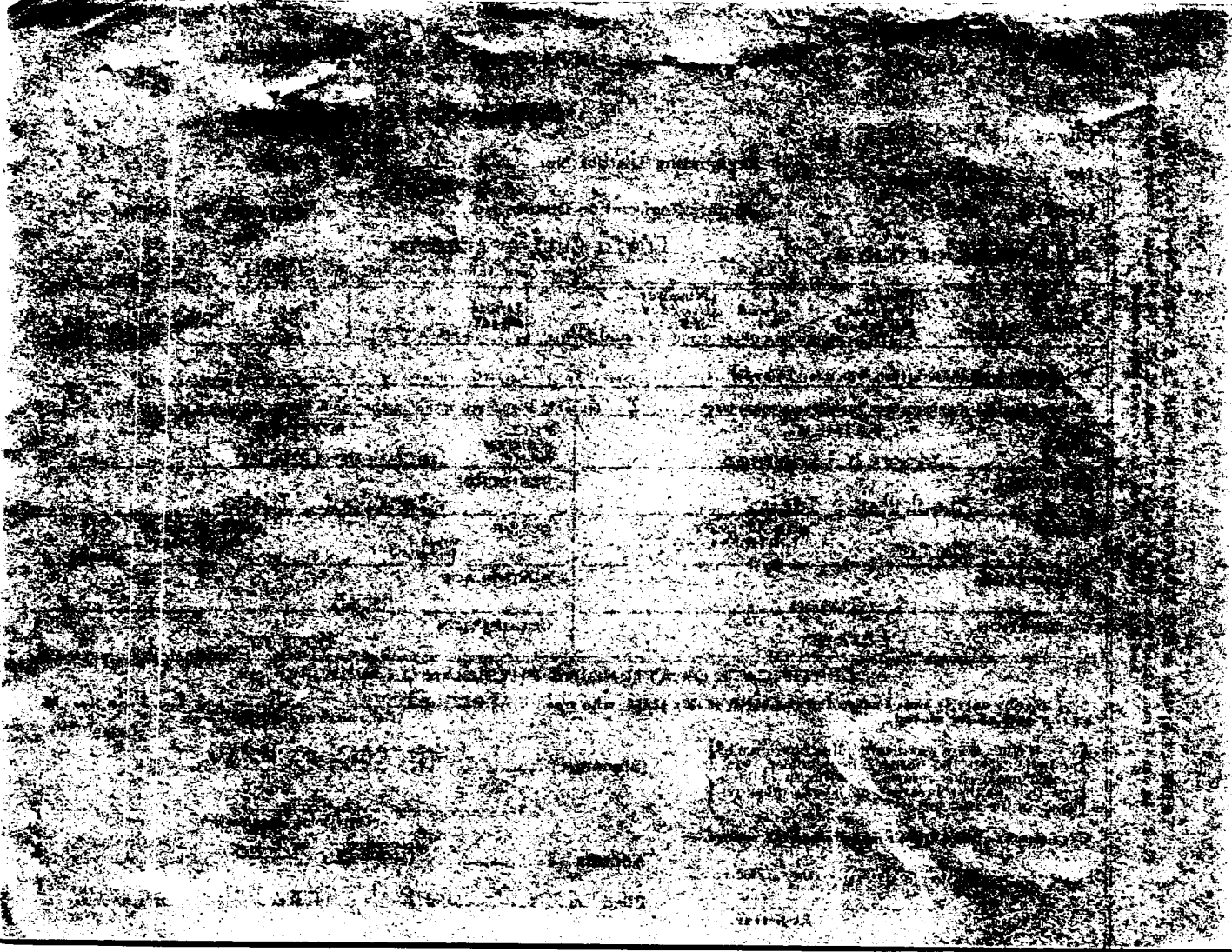
..... Registrar.

Filed June 29 1922 Mrs. Walter Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jefferson

Certificate No. 102054

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edwin Cutler Adamson (Name on Original Certificate) who was born (Was Born or Died) on April 15, 1922 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on date / write (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Place of birth	Shelley	Blackfoot

Subscribed and sworn to before me this 24 day of July, 1948.

Notary Public, residing at Jerome, Idaho.
My commission expires Feb. 15, 1950.
(Seal)

Signed J. B. Adamson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director) informant if correcting a death record; or other credible person)

Jerome Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of August, 1948.

Notary Public, residing at Rupert, Idaho
My commission expires Jan. 15, 1953
(Seal)

Signed Gunnar C. Adamson
(Signature of Any Credible Person)

Jerome Idaho
(Street Address, City, State)

416-119-006-794

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. 102055

Primary Registration District No. 2114 Registered No. 288

FULL NAME OF CHILD Donald Robert Daw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	4 (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Chas Fred Daw	FULL MAIDEN NAME	Clara Smith
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 49 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Elise (Born alive or stillborn), at 3 30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed June 29 1922 [illegible] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 11 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 28 1 07 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Jerome } ss.

Certificate No. 102055

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Daw (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 19, 1922 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on 4 July 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed	Donald Robert Daw

Subscribed and sworn to before me this 27th day of May, 19 75

Thelma Thompson
Notary Public, residing at Jerome, Idaho
My commission expires May 1, 1977
(Seal)

Signed Esther J. Daw
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 4/11/75

XXX

Certificate of Ordination to the Holy Priesthood gives name as Donald Robert Daw. Ordained a Techer on July 4, 1937. father's name given as Charles F. Daw and mother's name as Clara Smith. born April 19, 1922. Baptozed Dec. 6, 1930. viewed by V. S.

JUL 1 4 1975

Certif. of Baptism and Confirmation from the LDS church gives name as Brian Alan Daw son of Donald Robert Daw and Melissa Marie Gwin. Born April 14, 1954 at Twin Falls, Idaho. Was Baptized May 21, 1964. viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. 102056

Primary Registration District No. 2194 Registered No. 289

FULL NAME OF CHILD Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 4 (Month) / 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Leonard A. Jones	FULL MAIDEN NAME	Palico C. Cody
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley

Filed June 29 1922 Mrs Hulda [illegible]

Registrar

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH

MAR 24 1942

DUP OF 22-332336

DUP OF 22-332336

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUL 1 BUREAU OF STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121 File No. 102056

No. ..... St.

Primary Registration District No. 2194 Registered No. 289

Hospital .....

FULL NAME OF CHILD Richard Carey Jones.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	4 (Month) / 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Leonard A. Jones	FULL MAIDEN NAME	Palico C. Cody
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley.

Filed June 29 1922 Mrs Hates G. Fitzer

Registrar

INFORMATION FOR RICHARD WAS PUT ON HIS SISTERS BIRTH CERTIFICATE RICHARD WAS NEVER ISSUED A CERTIFICATE IN 1920. HE WAS BORN 9/22/20. HIS SISTER WAS BORN 4/20/22. A COPY OF 22-102056 WAS MADE ON 3/24/42 WITH RICHARDS INFORMATION AND A DELAYED WITH HIS REAL INFORMATION WAS ISSUED ON 2/13/42. THE CORRECTION AFFIDAVIT OF 1922-102056 FOR HIS SISTER WAS ATTACHED TO THE SISTERS CERTIFICATE WITH RICHARDS 1920 INFORMATION. REMOVED RICHARDS NAME FROM SISTERS NO NAME CERTIFICATE 12/30/15. THE MALE SEX WAS ALSO ADDED TO 22-102056 WITH DIFFERENT INK AND WAS ALSO REMOVED.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Firth

Street: .....

County: Bingham

File Number: 102056

Registration Dist. No.: 50

Sex of Child: Male

Date of Birth: September 22 1920

Father: Leonard Albert Jones (Full Name)

Mother: Halcie Carey Cody (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Richard Carey Jones (Child's Name in Full)

Halcie Carey Jones (Signature of Father or Mother)

168-130-006-293

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STA

CERTIFICATE OF BIRTH

County of Bonneville

City of Shelley

Registration District No. 121 File No. 102057

No. ..... St.

Primary Registration District No. 2174 Registered No. 240

Hospital

FULL NAME OF CHILD Leon Henry Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			Yes	4	6	1922

FATHER		MOTHER	
FULL NAME	Charles Ingby Johnson	FULL MAIDEN NAME	Frieda Bittmann
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Alive, at 11 P. M. (Born alive or stillborn) on the date above stated.

(Signature) Edwin Crider M. D.

(Physician or midwife)

Address Shelley, Ida.

Filed June 29 1922 Mrs Helen E. Peterson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192 7.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Firth

Street: .....

County: Bingham

File Number: 102057

Registration Dist. No.: School District No 3 W

Sex of Child: Male

Date of Birth: April 30 192 7.

Father: Charles Nephi Johnson (Full Name)

Mother: Frieda Bittman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leon Henry Johnson

Child's Name in Full

Mrs. F. Johnson

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

- -

259-118-006-485

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. 102058

Primary Registration District No. 2194 Registered No. 241

FULL NAME OF CHILD Donald George Berry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	May 18 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo E. Berry Berry	FULL MAIDEN NAME	Edna Dye
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley, Ida.

Filed June 24 1922 M. Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Erie

File Number: 102058

Street:

Registration Dist. No.:

County: Erie

Date of Birth: May 18 1922

Sex of Child: Male

Father: Geo. Edwin Berry (Full Name)

Mother: Edna Ellen Dye (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Donald George Berry (Child's Name in Full)

Mrs. George E. Berry (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certified

789-119-006-142

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121 File No. 102059

No. ..... St.

Primary Registration District No. 2144 Registered No. 292

Hospital .....

FULL NAME OF CHILD Marcus Leslie Phillips

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	5-19-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank H. Phillips	FULL MAIDEN NAME	Clarice Just
RESIDENCE	Shelley R#2	RESIDENCE	Shelley R#2
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley, Ida.

Filed June 29 1922 Mrs Thalia E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 0

365-221-006-381

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 121 File No. 102060

Primary Registration District No. 2194 Registered No. 293

FULL NAME OF CHILD Leatha Longhurst

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	5 / 21 / 22

FATHER		MOTHER	
FULL NAME	Geo Longhurst	FULL MAIDEN NAME	Elizabeth V. Chadwick
RESIDENCE	Shelley	RESIDENCE	Shelley.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 18 ½ P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley, Ida.

Filed June 29 1922 Mrs Thalia E. Fabrice

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 25 11 11 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Caribou

Certificate No. 102060

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Longhurst (female) (Name on Original Certificate) who was born (Was Born or Died) on May 21, 1922 (Date of Event) in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on 8-6-22 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Leatha Longhurst

Subscribed and sworn to before me this 24th day of February, 1976

Myrna Archibald

Notary Public, residing at Soda Springs, Idaho

My commission expires June 18, 1979

(Seal)

Signed Wanda Petersen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

120 N. 2nd East Soda Springs, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2/2/76

Certif. of Blessing from the LDS Church gives name as Leatha Longhurst daughter of George H. Longhurst and Elizabeth Chadwikc, Born May 21, 1922 at Shelley, Idaho. Blessed Ayg 6, 1922. viewed by V. S.

FEB 2 6 1976

Certif of Baptism and Confirmation from the LDS Church gives name as Leatha Longhurst daughterof George H. Longhurst and Elizabeth Chadwick. Born May 21, 1922. at Shelley,Idaho. Baptized May 31, 1930. viewed by V. S.

155-221-006-RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121 File No. 102061

No. ..... St.

Primary Registration District No. 2194 Registered No. 294

Hospital .....

FULL NAME OF CHILD Laurel Lorraine Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	5-21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Doil S. Jensen	FULL MAIDEN NAME	Ruth I. Zimmerman
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley Ida

Filed June 24 1922 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
AUG 26 1922
BUREAU OF VITAL
STATISTICS

THO

...PUBLIC WELFARE

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City Basalt

Street .....

County Bingham

File Number 102061

Registration Dist. No. .....

Sex of Child Female

Date of Birth May 21 192.2.

Father Doyle S. Jensen
Full Name

Mother Billie Isabell Jensen
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Laurel Lorraine Jensen
Child's Name in Full

Billie I. Jensen
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME

- - - - - - - - - - -

Birth registration is part of every child's birthright

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

JAN 20 1956

719-125-006-713

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 7 1922
BUREAU OF VITAL STATISTICS

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH 102062

Registration District No. 11.6 File No. 13

Primary Registration District No. 2195 Registered No. 724

FULL NAME OF CHILD Clifford Parsons
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	June 25 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Charles William Parsons	FULL MAIDEN NAME	Myrtle Patterson
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Iowa	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Homemaker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 45 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed June 25 1922 M. C. MacKinnon
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1969

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 364-122-006-85 E

RECEIVED JUL 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH 102063

Registration District No. 116 File No. B

Primary Registration District No. 2195 Registered No. 723

FULL NAME OF CHILD Harold Leslie Long
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	June 22 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth X

FATHER		MOTHER	
FULL NAME	Walter Leslie Long	FULL MAIDEN NAME	Emma Ensley
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon MD

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed June 22 1922 McMacKinnon
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

APR 13 1942

SEP 23 1943

386-220-006-255

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ____ St. ____

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 102064

Primary Registration District No. 2195 Registered No. 722

FULL NAME OF CHILD NANCY FAUN Thornley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 20 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	George ware Thornley	FULL MAIDEN NAME	Emma Maud Kendell
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M. D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed June 20 1922 M. MacKinnon
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Power }

Certificate No. 102064

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Emma ~~Fawn~~ Thornley (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1922 (Date of Event)
in Aberdeen Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on July 1st, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Fawn	Nancy Faun Thornley

Subscribed and sworn to before me this 1st day of September, 1943.

Notary Public, residing at AMERICAN FALLS, IDAHO.

My commission expires October 22, 1943.
(Seal)

Signed Emma Maud Thornley ~~Nancy Faun Thornley~~
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 7 1943

SEP 8 1949

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH [redacted]

RECEIVED JUL 5 1922 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102065

County of Blaine

City of Picabo — Registration District No. - 57 — File No.

695-228-007-695

No. ____ St. — Primary Registration District No. 2022 — Registered No. 45

Hospital

FULL NAME OF CHILD Irilma Gladys Wingard

Sex of Child Female | Twin, Triplet or other? Yes | and Number in order of birth 2 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 4 (Month) 28 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME A. J. Wingard	FULL MAIDEN NAME Edsie Wingard
RESIDENCE Picabo, Ida	RESIDENCE Picabo Ida
COLOR White	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Illinois	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 34 (Years)
	BIRTHPLACE Saline Kans
	OCCUPATION Housewife

Number of child of this mother, including present birth 10 — Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. on the date above stated,

(Signature) Mrs H E Smith

(Physician or midwife)

Address Picabo Ida

Filed June 5 1922 Robert H. Wright — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

[redacted]

Dup of 1922- 375637

695-128-007-8 RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Picabo

Registration District No. 57

File No. 102066

No. _____ St.

Primary Registration District No. 2022

Registered No. 46

Hospital _____

FULL NAME OF CHILD William Paul Wingard

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Yes	1	Yes	4 28 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. V. Wingard	FULL MAIDEN NAME	Elsie Hunter
RESIDENCE	Picabo, Ida	RESIDENCE	Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Illinois	BIRTHPLACE	Seline Kenney
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs H E Smith

~~(Physician or midwife)~~

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Picabo Ida

Filed 6-5 1922 Robert H. Wright. Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-375638

213-228-007-381

Form V. S. No. 11-C—25m-9-8-15

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102067

County of Blaine

City of Picabo

No. _____ St.

Hospital _____

Registration District No. 57 File No. _____

Primary Registration District No. 2022 Registered No. 47

FULL NAME OF CHILD Inez May Baldwin

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 4 (Month) 28 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Vern Baldwin	FULL MAIDEN NAME	Erone Chavmell
RESIDENCE	Picabo, Ida	RESIDENCE	Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Picabo	BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

~~(Physician or midwife)~~

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Picabo Ida

Filed 6-5 1922 Robert H. Wright Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] is im-
[illegible]es be filed [illegible] of VITAL STATIS-
by furnishing the name of the child.

[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Picato

Street: .....

County: Blaine

File Number: 102067

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: April 28 1922

Father: LaVerne Baldwin (Full Name)

Mother: Evong Channell. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Evelyn May Baldwin
(Child's Name in Full)

LaVerne Baldwin.
(Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-

JUN 14 1944

265-224-007-943

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102068

PLACE OF BIRTH

County of Blaine

City of Gannett

No. ..... St.

Hospital .....

Registration District No. 57 File No. .....

Primary Registration District No. 222 Registered No. 48

FULL NAME OF CHILD June Josephine Bowers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Female			Yes	5	24	22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry H. Bowers	Mary M. Rucker
RESIDENCE	Gannett, Ida	Gannett, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	54	38
BIRTHPLACE	Iowa	Texas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:15 P. M. on the date above stated.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida

Filed 5-26 1922 Robert H. Wright
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC [illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED SEP 26 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, JUL 13 1922 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gannett

Street:

County: Blaine

File Number: 102068

Registration Dist. No.:

Sex of Child: Female

Date of Birth: May 24 1922

Father: Henry Harrison Bowers (Full Name)

Mother: Mary Margaret Bucker (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Irene Josephine Bowers.
Child's Name in Full

Mary M. Bowers.
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

285-225-007-253

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

RECEIVED JUL 5 19[illegible]

BUREAU OF VITAL [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registrar's No. 57 File No. 102069

Primary Registration District No. 2022 Registered No. 49

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 15 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Almango D. Shepherd	Blanche Bell
RESIDENCE	Hailey, Idaho	Hailey, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	19
BIRTHPLACE	Oregon	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida

Filed 5-26 1922 Robert H. Wright

Registrar

266-275-007-318

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

102070

County of Blaine

City of Gannett

No. ..... St.

Reg. No. 57

File No. .....

Hospital .....

Primary Registration District No. 2022

Registered No. 50

FULL NAME OF CHILD Helen Claire Bowlden

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (to be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No	4	Yes	5 25 1922

What bactericidal solution was used in eyes? 6

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

	FATHER	MOTHER
FULL NAME	Thos. Richard Bowlden	FULL MAIDEN NAME Emma E. Taylor
RESIDENCE	Gannett, Ida	Gannett, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 5:50 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida

Filed 5-26 1922 Robert H. Wright

Registrar

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Garrett

Street: .....

County: DeKalb

File Number: 102070

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 25 1922

Father: Thomas Riley Brown (Full Name)

Mother: Emma Olive Taylor (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Helen Marie Brown
Child's Name in Full

T. R. Brown
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is im-

MAR 6 1945

133-118-007-966

PLACE OF BIRTH

RECEIVED JUL 10 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102075

County of Blaine

City of Gannett

No. ..... St.

Registration District No. 57 File No. .....

Hospital .....

Primary Registration District No. 2022 Registered No. 54

FULL NAME OF CHILD Clarence Douglas Alfred

(Certificate of no value without full name of child.)

Sex of Child: Male / Female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of birth 6 (Month) - 18 (Day) 1922 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Clarence E. Alfred	FULL MAIDEN NAME Mary Janet Parker
RESIDENCE Gannett, Ida	RESIDENCE Gannett, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D

(Physician or midwife)

Address Hailey, Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 7-2 1922 Robert H. Wright

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gannett

Street:

County: Blaine

File Number: 102075

Registration Dist. No.:

Sex of Child: ~~Female~~ Male

Date of Birth: June 18 192

Father: Clarence Eugene Allred (Full Name)

Mother: Mary Janet O[illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Clarence Douglas Allred

Child's Name in Full

Clarence Eugene Allred

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH TH

- - - - - - - - - - - -

Birth registration is part of every child's bir

It establishes legally the date of the child's
and legitimacy.

It enables the Public Health Nurse to make su
been protected from danger of blindness and other infe

- - - IT SHOWS AT LATER PERIODS OF LIFE:

1. The correct age for purposes of school atte
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands
6. Right to vote.
7. Right to receive pensions and inherit prope
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.

142-219-007-258

RECEIVED
JUL 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102076

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 57

Primary Registration District No. 2022

Registered No. 55

FULL NAME OF CHILD Joyce Jean Justus
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	6-19-1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Roy S. Justus	FULL MAIDEN NAME	Dorothy Louise Keyes
RESIDENCE	Hailey, Ida	RESIDENCE	Hailey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.
(Physician or midwife)

Address Hailey, Ida.

Filed 7-2 1922 Robert H. Wright
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

713-219-007-122

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102077

RECEIVED JUL 10 1922 BUREAU OF VITAL STATISTICS

County of Blaine

City of Hailey

No. ____ St.

Registration District No. 57 File No. ____

Hospital ____ Primary Registration District No. 2022 Registered No. 56

FULL NAME OF CHILD June Palmer
(Certificate of no value without full name of child.)

Sex of Child: Female | Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? Yes | Date of birth (Month) 6 (Day) 19 1922 (Year)

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Wm C. Palmer	FULL MAIDEN NAME	Gertrude Abbott
RESIDENCE	Stanley, Ida	RESIDENCE	Stanley, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.
(Physician or midwife)

Address Hailey, Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 7-2 1922 Robert H. Wright
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-12-007-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 10 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine
City of Hailey
No. ____ St. ____
Hospital ____
Registration District No. 57
Primary Registration District No. 2022
File No. 102078
Registered No. 57

FULL NAME OF CHILD Keith John Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6 21 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Carl C. Miller	FULL MAIDEN NAME Vanda M. Ward
RESIDENCE	Hailey, Ida	Hailey, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	19
BIRTHPLACE	Nebraska	Idaho.
OCCUPATION	Laborer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Robert H. Wright M.D.
(Physician or ~~midwife~~)

Address Hailey, Ida

Filed 7-2 1922 Robert H. Wright
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATISTICS

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Hailey; Street Maine; County Blaine

File Number 102078

Registration Dist. No. .....

Date of Birth June 21 1922

Sex of Child Male

Father Carl Charles Miller (Full Name) Mother Nanda Margaret [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Keith John Miller (Child's Name in Full)

Nanda Margaret Miller (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

794-223-007-294

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102079

County of Blaine

City of Hailey

No. ..... St.

Registration District No. 57

File No. .....

Hospital .....

Primary Registration District No. 2022

Registered No. 58

FULL NAME OF CHILD Leila May Grubbs

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	6-23-192 2

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Clark Grubbs	Irma Irma Bruhn
RESIDENCE	Hailey, Ida.	Hailey, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	20
BIRTHPLACE	Nebraska	Denmark
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 6 9 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida.

Give names added from a supplemental report.

....., 19.....

Filed 7-2 192 2 Robert H. Wright

Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hailey

Place of Birth — Street: .....

Place of Birth — County: Blaine

File Number: 102079

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: June 23 1922

Father: Clark Grubb (Full Name)

Mother: Irma Bruhn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lela May Grubb
Child's Name in Full

Clark Grubb
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATIS-

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392-229-007-397

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102080

JUL 10 1922
BUREAU OF VITAL STATISTICS

County of Blaine

City of Picabo

No. ..... St.

Hospital .....

Registration District No. 57 File No. .....

Primary Registration District No. 2022 Registered No. 59

FULL NAME OF CHILD Dorothy Tipton
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / Brother? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	1 29 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME Jack Tipton	FULL MAIDEN NAME Jane Tipton
RESIDENCE Picabo, Ida	RESIDENCE Picabo, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Marshall, N. C.	BIRTHPLACE Batesville N. C.
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) M. on the date above stated.

(Signature) Mrs. M. M. Tipton

(Physician or midwife)

Address Picabo, Ida

Filed July 8 1922 Robert H. Wright
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1970

853-115-007-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102081

RECEIVED
JUL 10 1922
BUREAU OF VITAL STATISTICS

County of Blaine

City of Carey

Registration District No. 57 File No.

No. St.

Primary Registration District No. 2015 Registered No. 60

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 15 1922

FATHER		MOTHER	
FULL NAME	Milton P Delworth	FULL MAIDEN NAME	Ada Cooper
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Hide buyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder
Physician
(Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report.

19

Registrar

Filed July 8 1922 Robert H. Wright
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 102081

Registration Dist. No. .....

Sex of Child Male

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

132-205-007-463

Form V. S. No. 11-C 20m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Blaine

RECEIVED JUL 10 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Carey

Registration District No. 57 File No. 102082

No. ____ St.

Primary Registration District No. 2075 Registered No. 61

Hospital ____

FULL NAME OF CHILD Lila Doty Atkinson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	June 5 1922

FATHER		MOTHER	
FULL NAME	Robert W Atkinson	FULL MAIDEN NAME	Stella A Doty
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	W hite	COLOR	W hite
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) Houston E. Snyder

Physician

(Physician or midwife)

Address Carey Idaho.

Filed July 8 1922 Robert H. Wright

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
AUG 9 1922
BUREAU OF VITAL
STATISTICS

Boise, Idaho, ... 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Blaine

File Number 102082

Registration Dist. No. .....

Sex of Child Female

Date of Birth June 5th 1922

Father Robert William Atkinson (Full Name)

Mother Estella Ann Doty (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lila Doty Atkinson
Child's Name in Full

R. W. Atkinson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

713-207-007-619

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of ~~Carey~~ Picabo

Registration District No. 57 File No. 102083

No. ____ St. ____

Primary Registration District No. 2022 Registered No. 62

Hospital ____

FULL NAME OF CHILD Bonnie Jean Patterson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	June 7 1922

FATHER		MOTHER	
FULL NAME	William R Patterson	FULL MAIDEN NAME	Margaret A Ward
RESIDENCE	Picabo	RESIDENCE	Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	~~Farmer~~ Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive Physician, at 3:20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Houston E Snyder

Physician
(Physician or midwife)

Address Carey Idaho

Filed July 8 1922 Robert H. Wright
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED SEP 21 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, Jul 1 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preda

Street: .....

County: Adams

File Number: 102083

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: June 6 192 2.

Father: William R. Patterson (Full Name) Mother: Margaret Augusta Ward (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Bonnie Jean Patterson

Child's Name in Full

W. R. Patterson

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

FEB 13 1942

133-21-027-819

PLACE OF BIRTH

Form V. S. No. 1-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102084

County of Blaine

City of Picabo

Registration District No. 57 File No.

No. St.

Primary Registration District No. 2022 Registered No. 63

Hospital

FULL NAME OF CHILD Fairy Edith Allred

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 11 1922

FATHER

FULL NAME June S. Allred

RESIDENCE Picabo

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Kathryne Harris

RESIDENCE Picabo

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:15 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Howlan E. Snyder
Physician
(Physician or midwife)

Address Carey Idaho

Filed July 8 1922 Robert H. Wright
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUL 1 8 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. - Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Picabo

Street: .....

County: Blaine

File Number: 102084

Registration Dist. No.: 3

Date of Birth: June 11 192.2

Sex of Child: Female

Father: Junius S. Allred (Full Name)

Mother: Kathryne ~~Call~~ K... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Fairy Edith Allred
Child's Name in Full

Junius S Allred Kathryne
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, par and legitimacy.

It enables the Public Health Nurse to make sure the chi been protected from danger of blindness and other infections at

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are pelled to furnish certified copies of certificates of birth, it i portant that the certificates be filed with the BUREAU OF VITAL S TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-230-007-43

RECEIVED
JUL 10 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102085

County of Blaine

City of Carey

Registration District No. 57 File No.

No. St.

Primary Registration District No. 2075 Registered No. 64

Hospital

FULL NAME OF CHILD Ada Marie Johnstone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	June 30 1922

FATHER		MOTHER	
FULL NAME	Ransom B Johnstone	FULL MAIDEN NAME	Ruth Z Atkinson
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housemaid

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:00 P M. on the date above stated.
(Born alive or stillborn)

(Signature) Houston E Snider

Physician
(Physician or midwife)

Address Carey Idaho.

Filed July, 8 1922 Robert H. Wright
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102086

File No. 15

No. x x x x x St.

Primary Registration District No. 2158

Registered No. 206

Hospital x x x x

FULL NAME OF CHILD Dale George Strecker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		2d	yes	June 12 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Arthur Strecker	FULL MAIDEN NAME	Effie Maud Flowers
RESIDENCE	Laclede Ida	RESIDENCE	Laclede Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Chicago Ill.	BIRTHPLACE	Colton Wash.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Didier MD

(Physician or midwife)

Given names added from a supplemental report.

x x x x 19

x x x x x

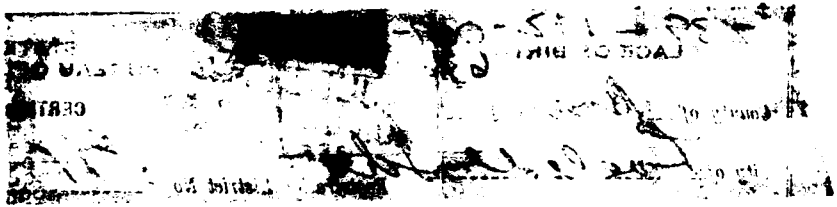
Registrar

Address Laclede Ida

Filed 6/30 19 22 F. W. Didier

Registrar

S-Y-CO. 38071



JUN 4 1954

962-204-009-843

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102087

County of Bonner

City of Laclede Ida. Registration District No. 21

File No.

No. St.

Primary Registration District No. 208

Registered No. 207

Hospital

FULL NAME OF CHILD Ada Jewel Roberts

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	—	1	Yes	June 4 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Melvin Ames Roberts	FULL MAIDEN NAME Mary Hull
RESIDENCE Laclede Ida.	RESIDENCE Laclede Idaho.
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
COLOR White	AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE Portland Ore.	BIRTHPLACE Coeur d alene Ida
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) F W Durden MD

(Physician or midwife)

Address Laclede Ida.

Filed 6/30 1922 F W Durden

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/18/47

JUL 2 1942

JUL 11 1961

AUG 6 1942

154-118-009-267

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11 102088

County of Bonner

City of Laclede

Registration District No. 81

File No.

No. × × × × × × St.

Primary Registration District No. 2158

Registered No. 20

Hospital × × × × ×

FULL NAME OF CHILD Erwin Harvey Andrus

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	× ×	4"	yes	May 18 (Month) (Day) 19 22 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robt H. Andrus	Gertie E Box
RESIDENCE	near Valley Ida.	near Valley Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	wisconsin	Spragueville Wis
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9-40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Dodrill M.D.

(Physician or midwife)

Address Laclede Ida

Given names added from a supplemental report.

× × × × 19....

× × × × ×

Registrar

Filed May 31 1922 F. W. Dodrill

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-222-009-395

PLACE OF BIRTH

Rec'd June 3rd

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102089

County of Bonner

City of Laclede Registration District No. 81 File No. 12

No. x x x x x St. Primary Registration District No. 2158 Registered No. 203

Hospital x x x x

FULL NAME OF CHILD Catherine Eloise Brooks

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	x x x	2	yes	May 29 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chester Ray Brooks	FULL MAIDEN NAME	Laura Gertrude Treff
RESIDENCE	Laclede Ida	RESIDENCE	Laclede Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	wisconsin	BIRTHPLACE	Farmington Con
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:00 P. M. on the date above stated.

(Signature) Fee Dodier

(Physician or midwife)

Address Laclede Ida

Filed May 31 19 22 Fee Dodier Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

x x x x x x ..... 19.....

x x x x x x .....

Registrar

S-Y-CO. 38071

Dup of 22-343524

249-112-009-366

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River Registration District No. 85 File No. 103090

No. — St.

Primary Registration District No. 285 Registered No. 157

Hospital —

FULL NAME OF CHILD Raymond Martin Smith

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 12 1922

FATHER		MOTHER	
FULL NAME	Avery Smith	FULL MAIDEN NAME	Ruth Coffel
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Okla.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:55 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Getzloff

Physician (Physician or midwife)

Address Priest River, Ida

Given names added from a supplemental report.

19

Registrar.

Filed June 1 19 22 C A Getzloff Registrar.

MARGIN RESERVED FOR —

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1975

419-103-009-262

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102091

County of Bonner

City of Priest River

Registration District No. 85 File No.

No. St.

Primary Registration District No. 2185 Registered No. 156

Hospital

FULL NAME OF CHILD Frank Maio

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 3 1922

FATHER		MOTHER	
FULL NAME	Frank Maio	FULL MAIDEN NAME	Rosie Bosco
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Physician

(Physician or midwife)

Address Priest River, Ida

Given names added from a supplemental report.

19

Registrar.

Filed June 1 1922 [signature] Registrar.

and the number of each, in order of birth stated.

K

744-229-009-445

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

102092

County of Bonn

City of Priest R

Registration District No. 85 File No. B

No. St.

Hospital Priest R Hosp

Primary Registration District No. 2185 Registered No. 163

FULL NAME OF CHILD Dorris Ruth Gumaer

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	May 29 1922

FATHER		MOTHER	
FULL NAME	Fred Gumaer	FULL MAIDEN NAME	Cora Dunn
RESIDENCE	Priest River	RESIDENCE	Priest River, Ida.
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wash.
OCCUPATION	Lumberjack	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.35 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Getzloff

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Priest River,

Filed June 1 1922 C P Getzloff Registrar.

WRITE PLAINLY WITH A—THIS IS A RETURN

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 14 1940

635-110-807-249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonner

City of Priest River

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 102094

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Leroy Fleming

3. Sex M

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth May 10, 1922 (Month, Day, Year)

FATHER

9. Full name Everett Hester Fleming

10. Residence (usual place of abode) (If non-resident, give place and State) Priest River

11. Color or race W | 12. Age at last birthday 20 (years)

13. Birthplace (city or place) (State or Country) Scarbro West Virginia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile mechanic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Garage

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Kathryn Frances Smith

19. Residence (usual place of abode) (If non-resident, give place and State) Priest River

20. Color or race W | 21. Age at last birthday 18 (years)

22. Birthplace (city or place) (State or Country) New York New York

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother / (At time of this birth and including this child)
(a) Born alive and now living / (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed June 1, 1922 [signature]
Registrar.

MAY 21 1942

419-213-009-553 SCEN

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

REC JUN 8 192 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

Registration District No. 85 File No. 102095

No. — St.

Primary Registration District No. 2185 Registered No. 159

Hospital —

FULL NAME OF CHILD Rosie Maio

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 13 1922

FATHER		MOTHER	
FULL NAME	Charlie Maio	FULL MAIDEN NAME	Francis Veltri
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Priest River, Ida

Filed June 1 1922 C. P. Getzloff Registrar.

Registrar.

...ANK—THIS IS A PERMANENT RECORD
...hild at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

513-130-009-133

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

102096

County of Bonner

City of Priest River

Registration District No. 85 File No. 3

No. — St.

Primary Registration District No. 2185 Registered No. 160

Hospital —

FULL NAME OF CHILD Chas. Naccarato

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 30 1922

FATHER		MOTHER	
FULL NAME	Geo. C. Naccarato	FULL MAIDEN NAME	Carmellia Allasco
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Priest River, Ida.

Registrar.

Filed June 1 1922 C. P. Getzloff Registrar.

Child at birth a SEPARATE RETURN must be made for each the number of each, in order of birth stated.

455-107-009-315

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 7 1922
BUREAU OF VITAL STATISTICS

County of Bonner
City of Hope
No. ..... St.
Hospital .....

CERTIFICATE OF BIRTH

102097

Registration District No. ~~78~~ 80 File No. 1

Primary Registration District No. ~~2155~~ 2157 Registered No. 50

FULL NAME OF CHILD Edwin Den
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 7 1922

What bactericidal solution was used in eyes? Argyrol 5 %

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Lewis Den	FULL MAIDEN NAME	May Tan
RESIDENCE	Hope, Ida	RESIDENCE	Hope, Ida
COLOR	yellow	COLOR	yellow
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	China	BIRTHPLACE	China
OCCUPATION	merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Sandler M.D.
(Physician or midwife)

Address Sandpoint, Ida

Filed 6-15 1922 John Larson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

964-118-009-133

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102098

County of Bonner

City of Cabinet, Idaho

No. ..... St.

Registration District No. 80 File No. 1

Hospital .....

Primary Registration District No. 2157 Registered No. 49

FULL NAME OF CHILD Jasper Newton Rodgers
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	May 18, 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Wm Benjamin Rodgers	FULL MAIDEN NAME	Mary Allen
RESIDENCE	Cabinet, Idaho.	RESIDENCE	Cabinet, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Adair Co. Ky.	BIRTHPLACE	Longmont, Colo.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd E. Wendle M. D.
(Physician or midwife)

Address Sandpoint, Ida.

Filed 6-15 1922 John Larson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 5 1943

537-778-009-316

[redacted]

PLACE OF BIRTH

County of Priest River

City of Bonner

No. — St.

Hospital —

RECEIVED JUL 10 1922 BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102099

Registration District No. 85 File No. 3

Primary Registration District No. 2185 Registered No. 196

FULL NAME OF CHILD Frances Elgin

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 28 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Alfred Elgin	FULL MAIDEN NAME	Grace Low
RESIDENCE	Priest River, Ida	RESIDENCE	Priest River, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Norway	BIRTHPLACE	W.N.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Getzloff

Physician (Physician or midwife)

Address Priest River, Ida.

Filed July 1 1922 C. F. Getzloff Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

NOV 9 1972

JUN 30 1942

698-118-009-285

PLACE OF BIRTH

RECEIVED JUL 1 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102100

County of Bonner

City of Priest River

No. ____ St.

Registration District No. 85

Hospital ____

Primary Registration District No. 2185

Registered No. 195

FULL NAME OF CHILD Lawrence Ellis Fry

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 18 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Ellis Fry (Law)	FULL MAIDEN NAME Aniella Helen Sherriff
RESIDENCE Priest River, Ida.	RESIDENCE Priest River, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Wash.	BIRTHPLACE Mich.
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) [signature] Physician

(Physician or midwife)

Address Priest River Ida

Filed July 1 1922 [signature] Registrar.

2/3/41 L. B.

[redacted]ACE OF BIRTH
955-115-009-5[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Bonner

JUL 10 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102101

City of Priest River

No. — St.

Registration District No. 85 File No. 3

Hospital —

Primary Registration District No. 2185 Registered No. 194

FULL NAME OF CHILD Frederick Earle Reeves
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June (Day) 15 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm. Reeves	FULL MAIDEN NAME	Grace Earle
RESIDENCE	Priest River, Ida.	RESIDENCE	Priest River, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 8:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

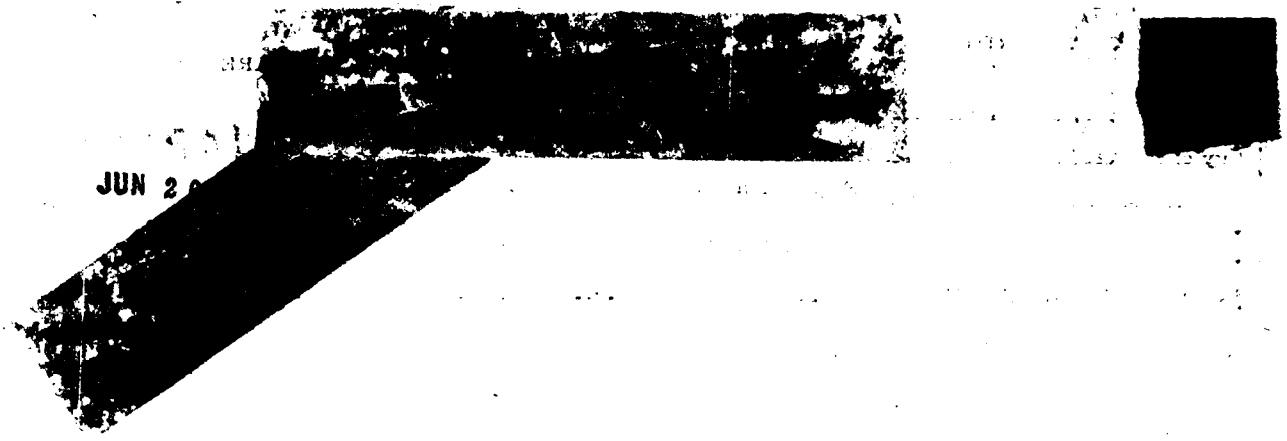
Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Priest River, Ida.

Filed July 1 1922 [signature] Registrar.


JUN 2

[redacted]

JUL 1 1922

Form V. S. No. 11-C--25m-7-21-19

993-221-010-789

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho Registration District No. 73 File No. 102103

No. ____ St.

Primary Registration District No. 21-0 Registered No. 1V-7

Hospital ____

FULL NAME OF CHILD Violet Zitting

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Femal				Yes	April 21 1922

FATHER	MOTHER
FULL NAME: Charles J. Zitting	FULL MAIDEN NAME: Ellen Phillips
RESIDENCE: Idaho Falls, Idaho	RESIDENCE: Idaho Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 56 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Salt Lake City	BIRTHPLACE: Curlew Valley, Idaho
OCCUPATION: Rancher	OCCUPATION: House keeper

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 p. m. on the date above stated.

(Signature) Geo. A. Supperlo M.D.

Physician (Physician or midwife)

Address Idaho Falls, Idaho

Filed 6/16 1922 W. Tennant Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

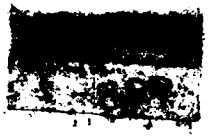
____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



219-111-010-319

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

RECEIVED JUL 1 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102104

Registration District No. 73 File No. .....

Primary Registration District No. 21 J8 Registered No. 1V-F

FULL NAME OF CHILD Lamont L. Bair

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June (Month) II (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ervin Bair	FULL MAIDEN NAME	Eva Larson
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Providence, Utah	BIRTHPLACE	Richmond, Utah
OCCUPATION	Rancher	OCCUPATION	House keeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Aupperle D.O.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls, Idaho

Filed 6/16 1922 M Kinnard Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1943
JAN 26 1943

JUN 4 1943

DUP OF 1922-106253
NAME CHANGE

FG

NOT

764-217-010-545

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 102105

No. St.

Primary Registration District No. 2110 Registered No. 1V-9

Hospital

FULL NAME OF CHILD Helen May Poulter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 17 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	O. F. Poulter	FULL MAIDEN NAME	Ruth Nunnn
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	Bridgeport, Nebr.
OCCUPATION	Laborer	OCCUPATION	House keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo A. Aupperle D.O.

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls, Idaho

Filed 6/16 1922 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1942

262-122-010-386

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonnville

City of Ucon

No. None St.

Hospital Home

JUL 1 1922
BUREAU OF VITAL STATISTICS

Registration District No. 73

File No. 102106

Primary Registration District No. 2100

Registered No. 160

FULL NAME OF CHILD Merril Raymond Bosworth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		First	Yes	May 22 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Lavon Bosworth	FULL MAIDEN NAME	Zola Thomas
RESIDENCE	Idaho Falls	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Preston Idaho	BIRTHPLACE	Leoren Idaho
OCCUPATION	Laborer	OCCUPATION	General housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Id.

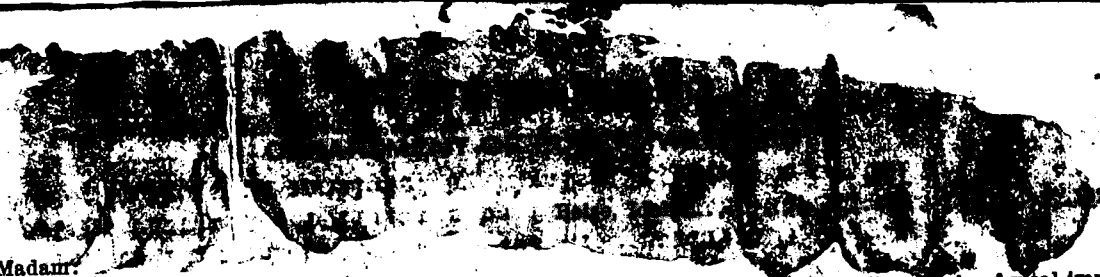
Filed 6/22 1922 [signature] Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... / Street ..... / County .....

File Number 102106

Registration Dist. No. .....

Date of Birth ..... 192....

Sex of Child..... Male .....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Child's Name in Full

..... Signature of Father or Mother

1/9/41 L.B

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

DEC 14 1973
OCT 11 1962

255-211-010-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

County of Bonneville

City of Ucon

Registration District No. 73

File No. 102107

No. ..... St.

Primary Registration District No. 2170

Registered No. 161

Hospital Home

FULL NAME OF CHILD Rera Kennedy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Gilbert Kennedy	FULL MAIDEN NAME	Opal Brough
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:15 pm on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ucon Ida

Filed 6/22 1922 W Kinnard

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

RECEIVED
JUL 26 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ucon Idaho
Street: .....
County: Bonneville

File Number: 102107

Registration Dist. No. .....

Date of Birth: June 11th 1922

Sex of Child: Female

Father: John Gilbert Kennedy (Full Name)

Mother: Opal B. Rough (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Rita Kennedy
Child's Name in Full

Mrs Opal Kennedy
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

414-221-010-314

PLACE OF BIRTH

RECEIVED JUL 1 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102108

County of Bonneville

City of Idaho Falls Idaho

No. ..... St.

Registration District No. 73 File No. .....

Hospital ..... Primary Registration District No. 2170 Registered No. 162

FULL NAME OF CHILD Leybil Madison

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 21 1927

What bacterioidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Art Madison	FULL MAIDEN NAME	Belva Lamont
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho Falls, Ida	BIRTHPLACE	Preston Idaho
OCCUPATION	Machinest	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. P. Salenquest M.D.

Physician

(Physician or midwife)

Address Idaho Falls, Idaho

Filed 6/24 192 7 W. Truman

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-125-010-719

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73 File No. 102109

Hospital .....

Primary Registration District No. 2150 Registered No. 163

FULL NAME OF CHILD Lee Grant Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	June 25 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lee Walker	FULL MAIDEN NAME	Iris Parke
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Albin Idaho
OCCUPATION	Book Keeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodenquist M.D.

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed 6/29 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ASSIST BY FURNISHI'G THE NAME OF YOUR

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: 317 Ash

County: Bonneville

File Number: 102109

Registration Dist. No.:

Date of Birth: June 26th 1924

Sex of Child: Male

Father: Lee Walker (Full Name)

Mother: Ina Clarke Walker (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lee Grant Walker

Child's Name in Full

Lee Walker

Signature of Father ~~or Mother~~.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is im-

759-109-010-639

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 1 192 BUREAU OF STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 102110

No. Blvd. + Cedar St.

Hospital Spencer

Primary Registration District No. 2170

Registered No. 164

FULL NAME OF CHILD Alfred Oliver Perry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Feb. 9 1922

FATHER		MOTHER	
FULL NAME	Alfred Charles Perry	FULL MAIDEN NAME	Florence Oliver
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	New Albany, Ind.	BIRTHPLACE	Pomeroy, Ohio
OCCUPATION	Dry Cleaner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

(Signature) H. H. Spencer

Physician

(Physician or midwife)

Address Idaho Falls Idaho.

Filed June 30 1922 W. Tennant Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 1942

MAR 18 1943

JUL 19 1951

154-125-010-614

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102111

County of Bonneville

City of Idaho Falls, Idaho

No. ..... St.

Registration District No. 73 File No. .....

Hospital ..... Primary Registration District No. 2150 Registered No. 16V

FULL NAME OF CHILD Kenneth Edward Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	June 25 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Thure Anderson	FULL MAIDEN NAME	Mamie Faust
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Sweden	BIRTHPLACE	Oakland Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergust M.D.
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed 6/30 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 9 1944

DECEASED

993-203-010-947
Amended June 11, 1969

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 102115
Local Reg. No. 139
Reg. Dist. No.

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Bonneville	a. STATE: Idaho b. COUNTY: Bonneville
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls RFD
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Edna	Maurine	Ritchie

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	January 3, 1922

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)
	Squire		Ritchie

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
22 YEARS	Iona, Idaho	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Edna	Floretta	Russell

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
19 YEARS	Iona, Idaho	1		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. R. W. Denning

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Iona, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 6-5-1922

22. REGISTRAR'S SIGNATURE: W. Kinnard

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Use typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
N OF VITAL STATISTICS, BOISE, IDAHO.

ISTRAR in
ce to DIVISIO

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS	WEIGHT AT BIRTH ____ LBS. ____ OZS.	
RACE OR COLOR OF FATHER White	RACE OR COLOR OF MOTHER White	Was 1% Silver Nitrate Used to prevent blindness?

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAR 25 1969
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 102115

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Ritchie (Name on Original Certificate) who was born (Was Born or Died) on Jan 3, 1922 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed	Edna Maurine Ritchie
Mother	Floretta Russell	Edna Floretta Russell

Subscribed and sworn to before me this 24th day of March 19 69

Clara Jensen

Notary Public, residing at Idaho Falls, Idaho

My commission expires 17 March 1970

(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1190 Briarwood Ave [illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of March, 19 69

Clara Jensen

Notary Public, residing at Idaho Falls, Idaho

My commission expires 17 March 1970

(Seal)

Signed [illegible]
(Signature of Any Credible Person)

1115 Briarwood Ave [illegible]
(Street Address, City, State)

FORM DH 60-155

Photocopy of marriage certificate dated Aug 20, 1938, Jefferson County, Idaho gives name as Edna Maurine Ritchie. viewed by V.S.

Own child's birth certificate, Idaho #318295, gives name as Edna Maurine Ritchie.

Another child's birth certificate, #83117, gives mother's name as Edna Floretta Russell.

249-102-010-512

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

Registration District No. 73 File No. 102118

No. ..... St.

Primary Registration District No. 2140 Registered No. 143

Hospital .....

FULL NAME OF CHILD Tsutomu Kurashige

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5 (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Gunishi Kurashige	FULL MAIDEN NAME	Kiyano Nakamura
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4-3 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife
(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Idaho

Registrar

Filed 6/5 1922 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-107-010-619

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ____ St.

Hospital ____

Registration District No. 73 File No. 102124

Primary Registration District No. 2170 Registered No. 149

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	2 7 1922

FATHER		MOTHER	
FULL NAME	Henry Hadderly	FULL MAIDEN NAME	Ruth Ward
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Providence Utah	BIRTHPLACE	Iona
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19__

____
Registrar

(Signature) Mrs. R W Denning
(Physician or midwife)

Address Iona Idaho

Filed 6/V- 1922 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-129-010-195

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Idaho Falls

No. R F D # St.

Hospital

Registration District No. 73 File No. 102125

Primary Registration District No. 210 Registered No. 1V-0

FULL NAME OF CHILD Ray Denning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			Yes	8	29	1922

FATHER		MOTHER	
FULL NAME	John Walter Denning	FULL MAIDEN NAME	Eva C Ainsworth
RESIDENCE	Idaho Falls R F D #	RESIDENCE	Idaho Falls R F D #
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Malad Idaho	BIRTHPLACE	Pleasant G Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

(Physician or midwife)

Address Idaho

Given names added from a supplemental report.

19

Registrar

Filed 6/V 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-110-010-455

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R F D #3 St.

Registration District No. 73 File No. 102126

Primary Registration District No. 2170 Registered No. 151

Hospital

FULL NAME OF CHILD Glenn Denning Westergard

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 5 (Month) 10 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Peter H Westergard	FULL MAIDEN NAME	Sarah A Denning
RESIDENCE	Idaho Falls R F D #3	RESIDENCE	Idaho Falls R F D #3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Malad Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Tona Bonneville Idaho
(~~Physician~~ or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 6 15 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

[redacted] OF PUBLIC [redacted]

Boise, Id[redacted]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this [redacted] rt-ance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: R F D # 3

County: Bonneville

File Number: 102126

Registration Dist. No.:

Date of Birth: May 10 1922

Sex of Child: Male

Father: Peter Holst (Full Name)

Mother: Sarah Denning (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Glen Denning Westergaard (Child's Name in Full)

P H & Sarah Westergaard (Signature of Father or Mother)

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHI

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parent and legitimacy.

It enables the Public Health Nurse to make sure the child been protected from danger of blindness and other infections at bi

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are c pelled to furnish certified copies of certificates of birth, it is portant that the certificates be filed with the BUREAU OF VITAL STA TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

194-110-010-765

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH
Amended 5-13-80

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. RFD #1 St.

Registration District No. 73 File No. 102127

Primary Registration District No. 215-0 Registered No. 15-2

Hospital

FULL NAME OF CHILD Michael Joseph Jimenez

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	5 10 1922

FATHER		MOTHER	
FULL NAME	Francesco Jimenez	FULL MAIDEN NAME	Isabel Gourley
RESIDENCE	Idaho Falls RFD #1	RESIDENCE	Idaho Falls
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at at 12 1/2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

(~~Physician~~ or midwife)

Given names added from a supplemental report.

____ 19__

Address Iona Idaho

Registrar

Filed 6/15 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/13/80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 102127
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Jimenez (Name on Original Certificate) who was born (Was Born, Died, etc.) on 5/10/22 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Unnamed Jimenez	Michael Joseph Jimenez

Subscribed and sworn to before me this 13th day of May, 1980.

Notary Public, Margaret D. Davis
Residing at Boise
My commission expires Lifetime
(Seal)

X Michael [illegible]
Signature of Applicant

501 No. Garden Boise 83704
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own child's birth certificate on file with Vital Statistics gives name of father as Michael Joseph Jimenez. Child born November 10, 1947, in Blackfoot, I daho
Viewed by V.S.

Marriage License issued by Bingham County, Idaho and issued November 6, 1946 gives name of groom as Michael J. Jimenez. Married November 9, 1946.
Viewed by V.S.

466-106-010-419

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BONNEVILLE

City of IDAHO FALLS IDAHO

No. ..... St.

Registration District No. 73

File No. 102129

Hospital .....

Primary Registration District No. 2170

Registered No. 1704

FULL NAME OF CHILD ---- MOOTHART

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE		YES	4 4 1922

What bactericidal solution was used in eyes? ARGYROL

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	LA VERNE A MOOTHART	FULL MAIDEN NAME	EDNA B MARTIN
RESIDENCE	IDAHO FALLS IDAHO	RESIDENCE	IDAHO FALLS IDAHO
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	KANSAS	BIRTHPLACE	MONTANA
OCCUPATION	MAIL CLERK	OCCUPATION	HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn), at 2.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J ERNEST M D

(Physician or midwife)

Address Idaho Falls Idaho

Filed 6/7 1922

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922 - 282942

RECEIVED
JUL 25 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, [redacted].

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: no street

County: Bonneville

File Number: 102129

Registration Dist. No.:

Sex of Child: Male

Date of Birth: June 6 1922

Father: La Vern Alford Moothart (Full Name)

Mother: Edna Belle Martin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Andrew Moothart
Child's Name in Full

Mrs. L. A. Moothart
Signature of Father or Mother

OVER

NOV 13 1967

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-113-010-585

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 102130

No. ____ St.

Primary Registration District No. 2150

Registered No. 177

Hospital ____

FULL NAME OF CHILD Thomas Robert Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 13 1922

FATHER

FULL NAME: Nathan James Wilson

RESIDENCE: Idaho Falls, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Vernal, Utah

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Mary Nye

RESIDENCE: Idaho Falls, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Vernal, Utah.

OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7.30 A.M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report.

____ 19____

Registrar

Filed June 13 19 22. [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-125-010-519

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

Registration District No. 73

File No. 102131

No. 129-4 St.

Primary Registration District No. 210

Registered No. 110

Hospital

FULL NAME OF CHILD Kenneth Leverett Albercombie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	4-25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John L. Albercombie	FULL MAIDEN NAME	Eliza Vaslievin
RESIDENCE	Ida Falls	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Utah
OCCUPATION	Labour	OCCUPATION	Housework

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Address Idaho Falls

Given names added from a supplemental report.

19

Registrar

Filed May 2 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
NOV 15 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, Idaho Falls Idaho 1922.
Nov 12

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Idaho falls
Street: 129-4 st
County:

File Number: 102131

Registration Dist. No.: 4

Sex of Child: Male male

Date of Birth: April 25 1922

Father: Jonathan L. Abercrombie
Full Name

Mother: Eliza Vanluvan
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Kenneth Leverett Abercrombie
Child's Name in Full

Jonathan L. Abercrombie
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

296-222-010-465

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

Registration District No. 73 File No. 102132

No. Rte 3. St. -

Primary Registration District No. 2150 Registered No. 111

Hospital

FULL NAME OF CHILD Wanda Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
		Yes	4 (Month) - 22 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Wm F Brown	FULL MAIDEN NAME	Katie Owen
RESIDENCE	Ida. Falls	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	~~Ida~~ Knab, Ut.	BIRTHPLACE	Ida Falls.
OCCUPATION	Farmer	OCCUPATION	H W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West

MD.

(Physician or midwife)

Address Idaho Falls

Given names added from a supplemental report.

19

Registrar

Filed May 2 1922 W Fernand Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE

RECEIVED
JUN 20 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Ammon
Street: .....
County: Bonneville

File Number: 102132

Registration Dist. No.: 19

Sex of Child: Female

Date of Birth: April 21 1922

Father: Ferry Margie Brown
Full Name

Mother: Katie Sariah ~~Brown~~ Owen
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Nanda Brown
Child's Name in Full

Katie Brown
Signature of Father or Mother

AUG 24 1936

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

645-220-010-243

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 22 1922 VITAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 102133

No. 143-1 St. St.

Primary Registration District No. 217 Registered No. 112

Hospital

FULL NAME OF CHILD Mary Elizabeth Odem

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 20 1922

FATHER	MOTHER
FULL NAME Chas. L. Odem	FULL MAIDEN NAME Elizabeth Bertagnolia
RESIDENCE Idaho Falls, Idaho	RESIDENCE Salt Lake City, Ut.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Burbank, Wash.	BIRTHPLACE Salt Lake City, Ut.
OCCUPATION Machinist	OCCUPATION H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:59 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Jabez Wright M.D.

(Physician or midwife)

Address Idaho Falls, Idaho.

Filed May 2 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-203-010-261

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho

Registration District No. 92

File No. 102134

No. ____ St.

Primary Registration District No. 210

Registered No. 113

Hospital ____

FULL NAME OF CHILD Alice Ruth Gilstrap

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 3 1922

FATHER		MOTHER	
FULL NAME	Earnest Gilstrap	FULL MAIDEN NAME	Fannie Swain
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 a.m.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed May 3 1922 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JAN 17 1922 JUL 13 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: R 7

County: Bonneville

File Number: 102134

Registration Dist. No. .....

Date of Birth: May 3 192 2

Sex of Child: Female

Father: Ernest V Gilstrap (Full Name)

Mother: Fannie Belle Swain (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alice Ruth Gilstrap (Child's Name in Full)

Mrs. Ernest V Gilstrap (Signature of Father or Mother)

JAN 2 2 1975

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CH

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, paren and legitimacy.

It enables the Public Health Nurse to make sure the child been protected from danger of blindness and other infections at bi

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are c pelled to furnish certified copies of certificates of birth, it is portant that the certificates be filed with the BUREAU OF VITAL STA TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

954-225-010-165

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 102135

No. ..... St.

Primary Registration District No. 2110 Registered No. 114

Hospital .....

FULL NAME OF CHILD Dorothy Freta Redfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar 25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. A. Redfield	FULL MAIDEN NAME	Elsie S Jones
RESIDENCE	A. F.	RESIDENCE	Idaho Falls
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ashland Neb	BIRTHPLACE	Ogden Utah
OCCUPATION	Honey Business	OCCUPATION	House Wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D [illegible] MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Registrar

Filed May 9 1922 [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 29 1947

555-129-010-533

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 102136

No. ..... St.

Primary Registration District No. 2150 Registered No. 115

Hospital .....

FULL NAME OF CHILD Gordon Elliott Veeder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Mar 29 1922

FATHER		MOTHER	
FULL NAME	Albert Veeder	FULL MAIDEN NAME	Irma Elliott
RESIDENCE	Idaho Falls Id	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	New Windsor Ill	BIRTHPLACE	~~Des Plaines~~ Ill
OCCUPATION	Mechanic	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Jenkins MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address City - Idaho Falls

Filed May 9 1922 A R [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1945

154-104-010-259

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

No. ..... St.

Registration District No. 73 File No. 102137

Hospital .....

Primary Registration District No. 81 V 70 Registered No. 116

FULL NAME OF CHILD Marvin Phillip Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 4 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Geo. W. Anderson	FULL MAIDEN NAME	Agnes Beggren
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Chicago, Ill.	BIRTHPLACE	Marquette, Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodenquist M.D.
Physician
(Physician or midwife)

Address Idaho Falls, Idaho.

Filed May 9 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON } ss.
County of YAKIMA }

Certificate No. 102137

Date Filed

The undersigned does solemnly swear that certain facts on the ~~certificate~~ of BIRTH (Birth or Death)
for MARVIN PHILLIP ANDERSON (Name on Original Certificate) who BORN (Was Born or Died) on MAY 4 1922 (Date of Event)
in IDAHO FALLS, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Marvin Phillip Anderson

Subscribed and sworn to before me this 17 TH day of December, 1943

Notary Public, residing at Salmon, Idaho

My commission expires July 11, 1945.
(Seal)

Signed Geo. W. Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#5 Yakima Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 th day of December, 1943.

Notary Public, residing at Idaho Falls, Idaho

My commission expires March 27th, 1944.
(Seal)

Signed A. P. Bodenquist Jr.
(Signature of Any Credible Person Other Than Previous Year)

Idaho Falls Idaho
(Street Address, City, State)

DEC 24 1943

281-101-010-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 22 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 213- 6th St.

Hospital

Registration District No. 73

File No. 102138

Primary Registration District No. 21V-0

Registered No. 117

FULL NAME OF CHILD Paul Houston Shattuck
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? * and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Apr. 1, 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	E.L. Shattuck	FULL MAIDEN NAME	Cora M. ~~Shattuck~~ Martin
RESIDENCE	213-6th St, Idaho Falls	RESIDENCE	213- 6th St, Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Vandalia Mo.	BIRTHPLACE	Junction City, Kans.
OCCUPATION	Insurance	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Jenkins M.D.
(Physician or midwife)

Address Idaho Falls Ida

Filed May 9 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-221-010-967

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 73

File No. 102139

Hospital .....

Primary Registration District No. 21150

Registered No. 11A

FULL NAME OF CHILD Primary Morrison
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Apr. 21 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Andrew Berry Morrison	FULL MAIDEN NAME	Ethel Roxbury
RESIDENCE	Idaho Falls Id	RESIDENCE	Idaho Falls ~~London~~ England
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Liverpool England	BIRTHPLACE	London England
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. D. Mullen M.D.

(Physician or midwife)

Address Idaho Falls Id

Filed May 9 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 24, 1940. L.W.

221-210-010-599

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

No. ..... St.

Registration District No. 73

File No. 102141

Hospital .....

Primary Registration District No. 2170

Registered No. 120

FULL NAME OF CHILD Florence Almeda Skaar
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	May 10, 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Ole Skaar	FULL MAIDEN NAME	Hilda Erickerson
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Norway	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Soderquist M.D.
Physician
(Physician or midwife)

Address Idaho Falls, Idaho.

Filed May 19 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls; Street: St. Leon; County: Bonneville

File Number: 102141

Registration Dist. No.:

Sex of Child: Female

Date of Birth: 5/9 1922

Father: Ole Skaar (Full Name)

Mother: Hulda Skaar (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Florence Alameda Skaar

Child's Name in Full

Ole Skaar

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

713-206-010-363

County of BONNEVILLE

City of IONA

No. ..... St.

Hospital .....

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102142

Registration District No. 73 File No. .....

Primary Registration District No. 2170 Registered No. 121

FULL NAME OF CHILD PATELZICK Lillian Virginia
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE		YES	5/6/22 192....

What bactericidal solution was used in eyes? ARGIROL

Number of child of this mother, including present birth 13 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	WILLIAM T PATELZICK	FULL MAIDEN NAME	POLLIE ANN COLLIER
RESIDENCE	IONA	RESIDENCE	IONA
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	IDAHO	BIRTHPLACE	MONTANA
OCCUPATION	LABORER	OCCUPATION	HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn), at 12.10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. ERNEST M. D.

(Physician or midwife)

Address Idaho Falls Ida

Filed May 11 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

RECEIVED
JUL 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Boise, July 19, 1922.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Dona

Place of Birth — Street:

Place of Birth — County: Bonneville

File Number: 102142

Registration Dist. No.: 5-B

Sex of Child: Female

Date of Birth: May 6th 1922

Father: William Theodore Patelzick (Full Name)

Mother: Polly Annie Collier (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lillian Virginia Patelzick (Child's Name in Full)

Mr. & Mrs. William T. Patelz (Signature of Father or Mother)

OVER

OCT 25 1960

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
'ILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are commanded to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

384-108-010-395

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

County of BONNEVILLE

City of IDAHO FALLS

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 102143

Primary Registration District No. 2140 Registered No. 122

FULL NAME OF CHILD LYMAN Chauncey Roy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
MALE		YES	5/8/22 192

What bactericidal solution was used in eyes? ARGIROL

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	HARRY W LYMAN	FULL MAIDEN NAME	VIOLA E LINGENFELTER
RESIDENCE	IDAHO FALLS IDAHO	RESIDENCE	SAME
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	IOWA	BIRTHPLACE	NEBRASKA
OCCUPATION	LABORER	OCCUPATION	HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn), at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J ERNEST M D

(Physician or midwife)

Address Idaho Falls Ida

Filed May 1 V 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

324-121-010-819

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

County of Bonneville

City of Ucon

Registration District No. 73

File No. 102144

No. ..... St.

Primary Registration District No. 2190

Registered No. 123

Hospital Home

FULL NAME OF CHILD minorn, Tsumaki

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Apr. 21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	K. Tsumaki	FULL MAIDEN NAME	Kiyi Hori
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 1/31/42

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

1 Photostat copy 5/12/42

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ucon Idaho

Filed May 16 1922 [signature]

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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MAY 12 1942

JUN 19 1957

719-128
010-363

PLACE OF BIR[redacted]

11-C—25m-1-1-13

County of Bonne[redacted]

City of Ucon

STATISTICS

Registration District No. 73

File No. 102145

No. ..... St.

Primary Registration District No. 2170

Registered No. 124

Hospital Home

FULL NAME OF CHILD Donald T. Parkin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Apr. 28 1922

FATHER		MOTHER	
FULL NAME	Charles Henry Parkin	FULL MAIDEN NAME	Emma F. Tolley
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] at 6 a. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

[illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ucon Ida

Filed May 16 1922 [illegible]

Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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DECEASED

RECEIVED
AUG 01 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUL 13 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Dixon

Street: .....

County: Bonneville

File Number: 102145

Registration Dist. No. .....

Date of Birth: April 28 1922

Sex of Child: Male

Father: Chas Henry Parkin
Full Name

Mother: Emma Viviane Polley
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Donald T. Parkin
Child's Name in Full

Chas Henry Parkin Emma V. Parkin
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

815-43-010-312

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS
Idaho

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

102146

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Hospital

Primary Registration District No. 210 Registered No. 121

FULL NAME OF CHILD Warren George Haviland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	May 13 1922

FATHER	MOTHER
FULL NAME Archie J. Haviland	FULL MAIDEN NAME Alvis Laster
RESIDENCE Idaho Falls, Idaho	RESIDENCE Idaho Falls, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Billings, Montana	BIRTHPLACE Palo Pinto County, Texas
OCCUPATION Mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) [illegible]

Physician

(Physician or midwife)

Address Idaho Falls, Idaho

Filed May 16 1922 [illegible]

Registrar

RECEIVED
JUL 19 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 12 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: 487 2nd & Holmes

County: Bonneville

File Number: 102146

Registration Dist. No.: Four

Sex of Child: Male

Date of Birth: May 13 1922

Father: Archie Frank Haviland (Full Name)

Mother: Alvis Elizabeth La[illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Warren George Haviland
Child's Name in Full

A. F. Haviland
Signature of Father or Mother

142

1944

OCT 7

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-
d to furnish certified copies of certificates of birth, it is im-
nt that the certificates be filed with the BUREAU OF VITAL STATIS-
and the same completed by furnishing the name of the child.

Later

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

698-114-010-168

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bonneville

CERTIFICATE OF BIRTH

City of Idaho Falls — Registration District No. 73 — File No. 102147

No. ____ St.

Primary Registration District No. 2150 — Registered No. 126

Hospital Spencer

FULL NAME OF CHILD Dwight Allen Fry

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	May	14	22

FATHER		MOTHER	
FULL NAME	Guy O.Fry	FULL MAIDEN NAME	Laura Johnson
RESIDENCE	Spencer ~~Idaho Falls~~, Idaho	RESIDENCE	Spencer ~~Idaho Falls~~, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Boone, Iowa.
OCCUPATION	Mechanic	OCCUPATION	Housework

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.14 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Filed May 16 19 22. [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K.

JUL 17 1956

S61-221-010-249

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho

Registration District No. 73 File No. 102148

No. ____ St.

Primary Registration District No. 210 Registered No. 127

Hospital ____

FULL NAME OF CHILD MARY ELLA EWART

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | Number in order of birth | Legitimate? Yes | Date of Birth May 21 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Bronson Ewart	FULL MAIDEN NAME Ida Smith
RESIDENCE Idaho Falls Idaho	RESIDENCE Idaho Falls, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Iowa
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 25 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) [illegible]

Physician
(Physician or midwife)

Address Idaho Falls, Idaho.

Filed May 23 1922 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 4 1947

OCT 25 1948

268-221-010-399

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

Registration District No. 13 File No. 102149

No. ..... St.

Primary Registration District No. 2100 Registered No. 128

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde Boyle	FULL MAIDEN NAME	Laverne Trimble
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ollie Olive

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho.

Filed May 23 1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

869-128-010-554

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

No. ..... St.

Registration District No. 73

File No. 102150

Hospital .....

Primary Registration District No. 2150

Registered No. 129

FULL NAME OF CHILD William Stewart Horkley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 28 1922

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Joe Horkley	FULL MAIDEN NAME	Amelia Newman
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Miller	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sadergren M.D.

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed May 31 1922 W. Kennard
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECLASSIFIED

816-129-010-231

Form V. S. No. 11 C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

Registration District No. 73 File No. 102152

No. ..... St.

Primary Registration District No. 2140 Registered No. 131

Hospital .....

FULL NAME OF CHILD MARVIN STANGER HAWKLEY

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 29, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Levi J. Hawkley	FULL MAIDEN NAME	Mary E. Stanger
RESIDENCE	Iona, Ida	RESIDENCE	Iona, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O Mellor M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Ida

Filed June 3 1922 [illegible] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Alameda } ss.

Certificate No. 102152

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on May 29, 1922 (Date of Event)
in Iona, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing July 2, 1922 prepared on February 19, 1946 (Give Date), are:
(Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Missing	Marvin Stanger Hawkley

Subscribed and sworn to before me this 16th day of January, 1957

William J. Fair
Notary Public, residing at Hayward, Calif.
My commission expires March 2, 1957
(Seal)

Signed Mary E. Hawkley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
25111 Delmar Ave Hayward, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Alameda } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of January, 1957

William J. Fair
Notary Public, residing at Hayward, Calif.
My commission expires March 2, 1957
(Seal)

Signed Levi J. Hawkley
(Signature of Any Credible Person)
25111 Delmar Ave Hayward, Calif.
(Street Address, City, State)

MAR 13 1956

455-219-010-168

RECEIVED
JUN 22 192
BUREAU OF VI
STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. _____ St.

Hospital _____

Registration District No. 73 File No. 102153

Primary Registration District No. 2100 Registered No. 132

FULL NAME OF CHILD Elsie Denning

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3 (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Oliver W Denning	FULL MAIDEN NAME	Orlie Johnsen
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iona Idaho	BIRTHPLACE	Tooele Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Iona Idaho

Registrar

Filed 6/5 1922 W Freeman Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-227-010-353

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

Registration District No. 73

File No. 102154

No. _____ St.

Primary Registration District No. 210

Registered No. 133

Hospital _____

FULL NAME OF CHILD Elva Gem Denning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	3	27	1922

FATHER		MOTHER	
FULL NAME	George W Denning	FULL MAIDEN NAME	Jane Telford
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iona	BIRTHPLACE	Lewiston Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at _____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

~~(Physician or~~ midwife)

Address Iona Idaho

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Filed 6/V 1922 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 5 1945

553-230-010-195

PLACE OF BIRTH

Form V. S. No. 11-C—20m-7-21-22

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bonneville RECEIVED JUN 22 1922 CERTIFICATE OF BIRTH

City of Iona Registration District No. 73 File No. 102155

No. ____ St. BUREAU OF VITAL STATISTICS

Primary Registration District No. 211 Registered No. 134

Hospital ____

FULL NAME OF CHILD Norma Jane Nelson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	4 30 1922

FATHER		MOTHER	
FULL NAME	Marion Nelson	FULL MAIDEN NAME	Alice Ainsworth
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	[redacted]
BIRTHPLACE	Pleasant Grove Utah	BIRTHPLACE	S L City Utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning
(Physician or midwife)

Address Iona Idaho

Given names added from a supplemental report.

19____

Registrar

Filed 6/V 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUL 20 192.
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Iona

Place of Birth — Street: .....

Place of Birth — County: Bonneville

File Number: 102155

Registration Dist. No.: 5

Sex of Child: Female

Date of Birth: April 30 192 2

Father: [illegible] Full Name

Mother: [illegible] Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

[illegible] Child's Name in Full

[illegible] Signature of Father or Mother

OVER

AUG 30 1971

SEP 18 1944

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
ED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.
It establishes legally the date of the child's birth, parentage
itimacy.

It enables the Public Health Nurse to make sure the child has
rotected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-
to furnish certified copies of certificates of birth, it is im-
that the certificates be filed with the BUREAU OF VITAL STATIS-
the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF [illegible]

No. 593-227-[illegible]

Bonners Ferry [illegible] Registration Di[illegible]

(If born in hospital or institution give [illegible] Prim. Registrat[illegible] Local Regis[illegible]

2. FULL NAME OF CHILD [illegible] Marie Nichols

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
Female				yes	May 27, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Horace Earl Nichols	18. Full maiden name: Stella Rose Marie Hart
10. Residence (usual place of abode) (If non-resident, give place and State): Minneapolis Minn.	19. Residence (usual place of abode) (If non-resident, give place and State): Bonners Ferry Ida.
11. Color or race: W	20. Color or race: W
12. Age at last birthday: 41 (years)	21. Age at last birthday: 18 (years)
13. Birthplace (city or place) (State or Country): Ursa, Illinois	22. Birthplace (city or place) (State or Country): Sheffield Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewif[illegible]
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6.05 PM on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., [illegible] make this return.

[illegible] name added from [illegible]plemental report

(Date of)

Registrar.

(Signed) Ken Bowell

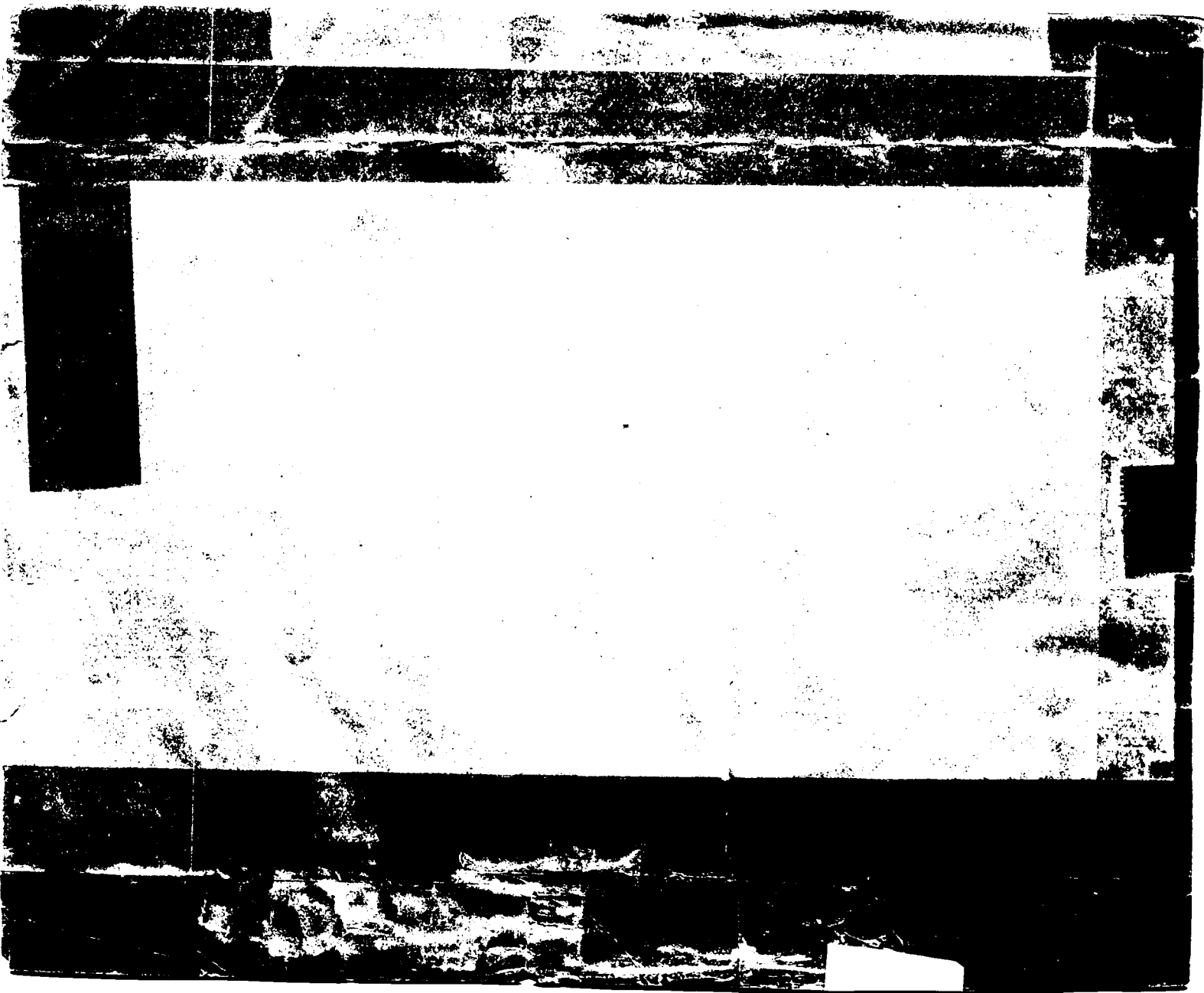
or Physician, M[illegible]

Address Bonners Ferry, Idaho

Filed May 28 1922 [illegible] E E [illegible]

Registrar.

WR[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of [illegible] a Separate Return must be made for each, and the number of each, in order of bir[illegible] one [illegible]



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. 312-206-011-766 St.

Registration District No. 79 File No. 102158

Hospital

Primary Registration District No. 2156. Registered No.

FULL NAME OF CHILD Clara Marie Castle
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 6 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Lyman Castle	FULL MAIDEN NAME	Minnie Morgorie Graham
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Bonners Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	S. Dakota	BIRTHPLACE	Montana
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rm Bowell

Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Filed 5/6/ 1922. E. E. Frey
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. 995-107-011-256 St. Registration District No. 71 File No. 102159

Hospital ____ Primary Registration District No. 215-6 Registered No. ____

FULL NAME OF CHILD Donald James Irving.
(Certificate of no value without full name of child.)

Sex of Child Male	**Twin Triplet or other?** — and **Number in order of birth** — (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of birth** May 7 (Month) (Day) 1922 (Year)

What bacterioidal solution was used in eyes? 1% Sol. Arg. No 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo. Douglas Irving	**FULL MAIDEN NAME**	Cora Rhodes
RESIDENCE	Bonners Ferry	**RESIDENCE**	Bonners Ferry
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY (Years)	23	**AGE AT LAST BIRTHDAY** (Years)	20
BIRTHPLACE	Minn.	**BIRTHPLACE**	Colo.
OCCUPATION	Farmer	**OCCUPATION**	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 11.30 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) E E Irving

Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Filed 5/10/1922 E E Irving Registrar.

FEB 23 1949

381-113-011-217

PLACE OF BIRTH

RECEIVED JUN 22 1922 VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ____ St. ____

Registration District No. 77 File No. 102160

Hospital ____ Primary Registration District No. 3156 Registered No. ____

FULL NAME OF CHILD Earl Francis Chandler

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	Yes.	May 13 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Sol. Ag NO3

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Orin W. Chandler	FULL MAIDEN NAME	Emma Sager.
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wis	BIRTHPLACE	Wis.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Physician

(Physician or midwife)

Address Bonners Ferry, Ida

Filed 5/13/1922 [illegible] Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 2 1942

JAN 1 1 194[illegible]

SEP 1 4 1953

315-108-011-955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1927 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 102161

No. St.

Hospital Bonners Ferry Primary Registration District No. 2156 Registered No.

FULL NAME OF CHILD Clifford Alfred Langevin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 8 1927

What bacterieidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Gedeon Edward Langevin	FULL MAIDEN NAME	Nancy Lee Remington
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Bonners Ferry Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minnesota	BIRTHPLACE	So. Dakota
OCCUPATION	Woodsman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 39 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Rue Bowell

Physician

(Physician or midwife)

Address Bonners Ferry Idaho

Filed 5/12/1927

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-223-011-263

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102162

County of Boundary

City of Bonners Ferry

No. ____ St. ____ Registration District No. 79 File No. ____

Hospital ____ Primary Registration District No. 3157 Registered No. ____

FULL NAME OF CHILD Helen Margaret Holmes

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	Yes	May 23 1922

What bacteriocidal solution was used in eyes? 1% Sol. Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Ralph Holmes	FULL MAIDEN NAME Ellen Soderlund
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	34 (Years)
BIRTHPLACE	Minn.	Sweden
OCCUPATION	Laborer (Sawmill)	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 5/25/1922. E E Fry Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-224-011-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 24 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St. Registration District No. 79 File No. 102163

Hospital ..... Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Helen Betty Klenck
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	May 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Soln Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Kenneth F. Klenck	FULL MAIDEN NAME	Olive M. Cole
RESIDENCE	Libby, Mont.	RESIDENCE	Libby, Mont.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mont.	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician
(Physician or midwife)

Address Bonners Ferry, Ida

Filed 5/25/1922. E E Fry
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 2 2007

MAY 1 1 1942

795-119-03-451

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

[redacted] OF IDAHO
OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Lemas

City of Blaine

Registration District No. 58th

File No. 102164

No. ____ St.

Primary Registration District No. 2138

Registered No. ____

Hospital ____

FULL NAME OF CHILD Laurence Lee Gregson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	May 19th 1922

FATHER		MOTHER	
FULL NAME	Carl Lonzo Gregson	FULL MAIDEN NAME	Delorse Margaret Munk
RESIDENCE	Blaine, Idaho	RESIDENCE	Blaine, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

(Signature) Carl Lonzo Gregson
Father
(Physician or midwife)

Address Blaine Ida.

Filed June 7th 1922 L Willencheck Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

....
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

663-213-011-386

PLACE OF BIRTH

RECEIVED
JUL 8 1922
BUREAU OF VITAL STATISTICS

[redacted]ARTM[redacted]WELFARE
BUR[redacted]TICS

CERTIFICATE OF BIRTH

102165

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79.

File No. .....

Hospital Bonners Ferry

Primary Registration District No. 2156

Registered No. .....

FULL NAME OF CHILD Marion Faye DeWolf
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June (Day) 13 (Year) 1922
Female		Yes	

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Earl DeWolf	FULL MAIDEN NAME	Lettie Thomas
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Bowell

Physician
(Physician or midwife)

Give names added from a supplemental report.

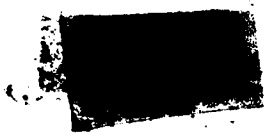
....., 19....

.....
Registrar.

Address Bonners Ferry Ida.

Filed 6/17/1922 E. E. Fry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 9 1942

914-214-011-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St. ..... Registration District No. 21 File No. 102166

Hospital Bonners Ferry Primary Registration District No. 216 Registered No. ....

FULL NAME OF CHILD Anna Marie Radcliffe.
(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet or other?— (To be answered only in event of plural births) | and Number in order of birth — | Legitimate? yes | Date of birth June 14 (Month) (Day) 1922 (Year)

What bactericidal solution was used in eyes? 1/2 Sol. Arg. Nit. 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. B. Radcliffe	FULL MAIDEN NAME	Thelma Howell
RESIDENCE	~~Bonners Ferry~~ Unknown	RESIDENCE	Bonners Ferry
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Not Known	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida

Filed 6/17/1922 E E Fry
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 3 1947

OCT 16 1950

5/16/41 L. B.

693-121-
011-128

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 0 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102167

County of Boundary
City of Bonners Ferry
No. ..... St.
Registration District No. 71
Hospital Bonners Ferry
Primary Registration District No. 2156
Registered No. .....

FULL NAME OF CHILD ~~MICHAEL DENNIS~~ Fitzpatrick
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 21 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Mike Fitzpatrick	FULL MAIDEN NAME	Agnes Asher
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Bowell
Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Give names added from a supplemental report.

..... 19.....

..... Registrar.

Filed June 1922 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 102167

County of Boundary } JAN 29 1942 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for Edward Michael (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 21 1922 (DATE OF EVENT)

in Bonners Ferry Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec. 9 - 1935 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Edward Michael Fitzpatrick	Michael Dennis Fitzpatrick

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed Agnes Fitzpatrick

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Boundary

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th

day of January, 1942

J. W. Reid

Notary Public, residing at

My commission expires

(SEAL)

Signed Ann Bowell M.D.

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Bonners Ferry Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 29 1942 By

(REGISTRAR'S SIGNATURE)

MAY 1943

691-123-011-454

PLACE OF BIRTH

Amended Mar. 30, 1955

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 79 File No. 102168

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD JOSEPH ALLEN FRASE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	June 23 192 2

What bactericidal solution was used in eyes? 1% Sol. AgNo3

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Allen Frase	FULL MAIDEN NAME	Eva Meddock
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

..... Registrar.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Address Bonners Ferry, Idaho

Filed 6/28 192 2 E. E. Fry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 102168
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Sister's birth cert. #83310 Doctor's Affidavit. (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept. 24, 1920 (DATE) Viewed by Div. of Vital Statistics. are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name		Joseph Allen Frase
Mother's name	Meddick	Eva Meddock

Subscribed and sworn to before me this 4 day of September, 1954.
[signature]
Notary Public, residing at Bonners Ferry
My commission expires August 1, 1955
(SEAL)

Signed Mrs. Lena Meddock
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Boundary }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of September, 1954.
[signature]
Notary Public, residing at Bonners Ferry
My commission expires August 1, 1955
(SEAL)

Signed R. M. Bowell
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Bonners Ferry Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

799-101-013-363

PLACE OF BIRTH amend 1-6-82

No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

No. 4½ miles West St. / 2 miles South

Hospital

Registration District No. 58th

Primary Registration District No. 2138

File No. 102169

Registered No.

FULL NAME OF CHILD Frank Oliver Grimm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	June 1st 1922

FATHER		MOTHER	
FULL NAME	Cleve Lewis Grimm	FULL MAIDEN NAME	Agnes Vinetta Coleman
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) L Wilencheck

Phys

(Physician or midwife)

Address Fairfield, Idaho

Filed 6-9 1922 L Wilencheck

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 16 2 21 PM '81

State of _____ } ss.
County of _____

Certificate No. 102169'
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Oliver Frank Grimm (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 1, 1922 (Date of Event)

in Fairfield, Idaho (Camas) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Oliver Frank Grimm	Frank Oliver Grimm

Subscribed and sworn to before me this 30 day of November, 19 81

Notary Public, Carol M. Henderson

Residing at Boise Idaho

My commission expires Dec 15, 1985

(Seal)

X Wm Oliver Grimm
Signature of Applicant

X 4270 W Gowen Rd, Boise Ida
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

5/30/80 1cc & 1bc pd.rec. #22386

State of Idaho Public School Diploma-Camas County gives Frank Grimm completed elementary school requirements on 9-29-36 in Fairfield, Camas County. Viewed by V.S.

JAN 6 1982

Honorable Discharge for Frank O Grimm born 6-1-22 in Fairfield, ID discharged from U. S. Armed forces on dated 2-15-46. Viewed by V.S.

213-101-OB-381

Form ~~V.S. No~~ 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

Registration District No. 58th

File No. 102170

No. 1/2 mile East St.
1/2 mile North

Primary Registration District No. 2138

Registered No.

Hospital

FULL NAME OF CHILD Charles Ivan Baldwin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	June 1st 1922

FATHER	MOTHER
FULL NAME: Edwards Martin Baldwin	FULL MAIDEN NAME: Anna D. Chatrand
RESIDENCE: Fairfield, Idaho	RESIDENCE: Fairfield, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Michigan
OCCUPATION: Automobile Mechanic	OCCUPATION: Housewife

Number of child of this mother, including present birth 5th — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys (Physician or midwife)

Address Fairfield, Idaho.

Given names added from a supplemental report. 19

Registrar

Filed 6-9 1922 L Wilencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 9 1987

SEP 4 1943.

318-207-013-299

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102171

County of Camas

City of Coral — Registration District No. 58d — File No.

No. 3 miles East St.
1 " South — Primary Registration District No. 2138 — Registered No.

Hospital

FULL NAME OF CHILD Margaret Rebecca Taylor

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 7th 1922

FATHER		MOTHER	
FULL NAME	Elmer George Taylor	FULL MAIDEN NAME	Rena Mary Kirk
RESIDENCE	Coral, Idaho	RESIDENCE	Coral, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th — Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys. (Physician or midwife)

Address Fairfield Idaho

Given names added from a supplemental report.

19

Registrar

Filed 6-14 1922 — L Wilencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-212-013-466

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield Registration District No. 58d File No. 102172

No. ..... St.

Primary Registration District No. 2138 Registered No. .....

Hospital .....

FULL NAME OF CHILD Orzella Jennie Cox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 12d 1922

FATHER

FULL NAME Albertus Cox

RESIDENCE Fairfield, Idaho

COLOR white AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Jennie Louisa Moon

RESIDENCE Fairfield, Idaho

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) L Wellencheck

Phys.
(Physician or midwife)

Address Fairfield Idaho

Filed 6-21 1922 L Wellencheck
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1974

MAY 10 2010

Amended April 8, 1952

PLACE OF BIRTH

366-215-013-694

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Magic

No. ..... St.

Registration District No. 58 File No. 102173

Hospital ..... Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD LEILA LUELLA LOWRY
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
FEMALE			YES	JUNE 15 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Oliver Henry Lowry	FULL MAIDEN NAME	Jessie Gertrude Wimer
RESIDENCE	Magic, Idaho	RESIDENCE	Magic, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Oklahoma
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:00 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wilencheck

phys.
(Physician or midwife)

Address Fairfield, Idaho

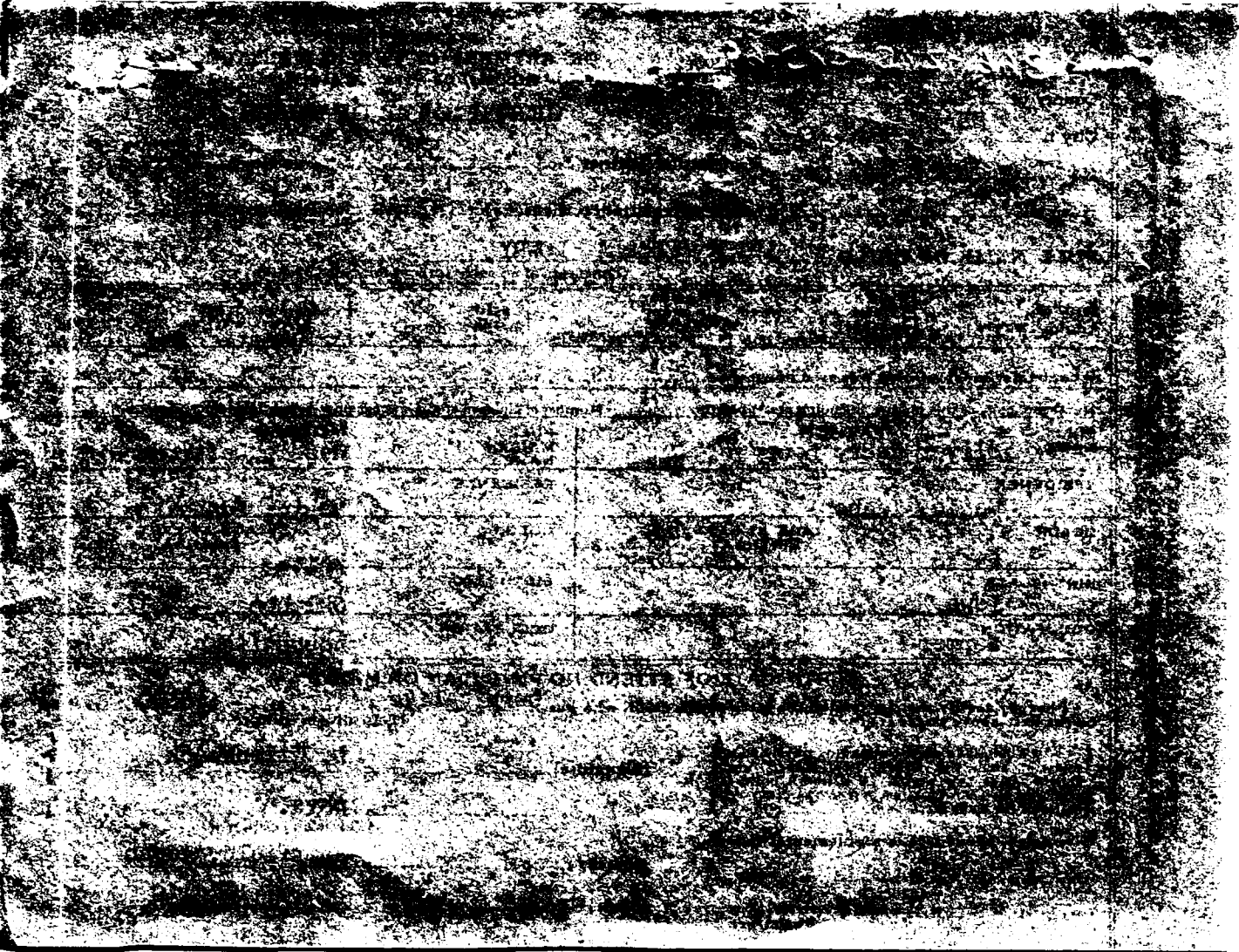
Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 6-16 1922 L. Wilencheck Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



R. W. GROVE AGENCY
RESIDENT AGENT
BOX 306
SHOSHONE, IDAHO

March 25, 1952.

CHARTERED 1849
SPRINGFIELD FIRE AND MARINE
INSURANCE COMPANY
PACIFIC DEPARTMENT
JOHN M. WYLIE, VICE-PRESIDENT

State of Idaho,
Bureau of Vital Statistics,
Boise, Idaho.

This is to certify that Leila Luella Livingston of Shoshone, Idaho, appeared before me this 25th day of March, 1952 and exhibited to me the following papers showing that her middle name is Luella instead of Cassandra as is now shown on her birth certificate.

1. The Equitable Life Assurance Society of the United States, Policy No. SN13,266,475, in the name of Leila L. Livingston. The non-medical statement attached thereto is signed Leila Luella Livingston.

2. The family bible of the O. H. Lowry home shows the name Leila Luella Lowry, born June 15, 1922.

3. Original social security card number 518-30-7845 in the name of Leila Luella Kulhanek and also a supplemental social security card No. 518-30-7845 in the name of Leila L. Livingston.

R. W. Grove
Notary Public, Shoshone, Idaho.

Comm. exp. 6/5/54

653-117-013-142

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102174

County of Camas

City of Fairfield

Registration District No. 58th File No.

No. 4 miles North St.
" " East

Primary Registration District No. 2138 Registered No.

Hospital

FULL NAME OF CHILD Glen William Wells

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 17th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Allen Clay Wells	FULL MAIDEN NAME	Alta Permelia Justus
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Willencheck

Phys (Physician or midwife)

Given names added from a supplemental report.

19

Address Fairfield, Idaho

Registrar

Filed 6-19 1922 L Willencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942

386-220-013-466

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

No. 3 miles West St.

Hospital 3/4 mile South

Registration District No. 58th File No. 102175

Primary Registration District No. 2138 Registered No.

FULL NAME OF CHILD Nellie Josephine Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 20th 1922.

FATHER

FULL NAME: Edwin Milton Thompson

RESIDENCE: Fairfield, Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Myrtle Jennett Moon

RESIDENCE: Fairfield Idaho.

COLOR: white

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Housewife

Number of child of this mother, including present birth 3d — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys (Physician or midwife)

Address Fairfield, Idaho

Given names added from a supplemental report. ____ 19____

Filed 6-23-1922 L Wilencheck Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-130-013-719

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield — Registration District No. 58d — File No. 102176

No. 3 miles West St.
1 " North

Hospital — Primary Registration District No. 2138 — Registered No.

FULL NAME OF CHILD Dick Pettingill

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Yes.	June 30d 1922

FATHER		MOTHER	
FULL NAME	John Basil Pettingill	FULL MAIDEN NAME	Inez Carolina Parish
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys. (Physician or midwife)

Address Fairfield Idaho

Given names added from a supplemental report.

19

Registrar

Filed 7-1-1922 L Wilencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-125-013-854

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECE... JUL 1 ... 1922 BUREAU OF VITAL

County of Camas

City of Corral

Registration District No. 58th

File No. 102177

No. ..... St.

Primary Registration District No. 2138

Registered No. .....

Hospital .....

FULL NAME OF CHILD Stanley Babington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes.	June 25th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe Babington	FULL MAIDEN NAME	Olive Lois Hedden
RESIDENCE	Corral, Idaho	RESIDENCE	Corral, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joe Babington

Father (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Corral Ida

Filed 7-5 1922 L W Lenchek Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

PUBLIC W

JUL 13 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Conda

Street: .....

County: Caniaa

File Number: 102177

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: June 26 1922

Father: Joseph Babington (Full Name)

Mother: Lois Olive Hedden (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Stanley Babington (Child's Name in Full)

Olive Babington (Signature of Father or Mother)

OVER

JUL 13 '35

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

435-129-014-596

PLACE OF BIRTH

[redacted]rm V. S. No. 11-C--25m-7-21-19

STATE OF ID[redacted]

BUREAU OF VITAL STATISTICS

RECE[illegible]

JUL 5

BUREAU [illegible] VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

Registration District No. 8

File No. 102178

No. St.

Primary Registration District No. 1007 Registered No. 49

Hospital

FULL NAME OF CHILD Rex Benj. McNees Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Apr. 29 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben H. McNees	FULL MAIDEN NAME	Florence Morrison
RESIDENCE	Parma, Ida.	RESIDENCE	Parma, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Golden Colo.	BIRTHPLACE	Greenville Tenn.
OCCUPATION	U.S.R.S. Labor	OCCUPATION	H. W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Don D. Number

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 7/1 1922 Lulu Waldrop Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 14 1972

AUG 30 1961

844-128-014-515

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. -3

File No. 102180

No. ..... St.

Hospital Home

Primary Registration District No. 2007 Registered No. 47

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. Ward Hume	FULL MAIDEN NAME	Pansy Van Scoy
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida ~~Revenna Neb~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Revenna Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

1% Ag NO3 used

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed 7-1 1922 Lulu Waldrop
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-222-014-558

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 5 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 102181

No. ..... St.

Primary Registration District No. 2007 Registered No. 46

Hospital Home

FULL NAME OF CHILD Mable Dona Newport

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jun (Month) 22 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	J. M. Newport	FULL MAIDEN NAME	Dona Nehr
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Caldwell Ida	BIRTHPLACE	Stroud Okla
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

1% Eg No 3 used

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed 7-1 1922 Lulu Waldrop

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 12 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

County of Canyon

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Wilder

No. 569-121-014-719 St.

Registration District No. 3 File No. 102182

Hospital Home

Primary Registration District No. 2007 Registered No. 45

FULL NAME OF CHILD William Albert Norman

Sex of Child M. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter H. Norman	FULL MAIDEN NAME	Gladys Garlick
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Monta Vida Minn	BIRTHPLACE	Blackfoot Ida
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 38 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch
M W
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Wilder Ida

Filed 7-1 1922 [illegible] Waldrop
Registrar

JAN 16 1959

1/22/41 L. B.

297 - 219 - 014 - 465

PLACE OF BIRTH

Amended Mar. 19, 1952

County of Canyon

City of Wilder

No. ____ St. Hospital home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 102183

Primary Registration District No. 2007 Registered No. 44

FULL NAME OF CHILD MARJORIE REVA BIGGS
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	June 19, 1922

What bacteriecidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Grover Biggs	FULL MAIDEN NAME: Alice Montange
RESIDENCE: Wilder, Idaho	RESIDENCE: Wilder, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Lewis, Ind.	BIRTHPLACE: Jefferson, S. D.
OCCUPATION: farmer	OCCUPATION: H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

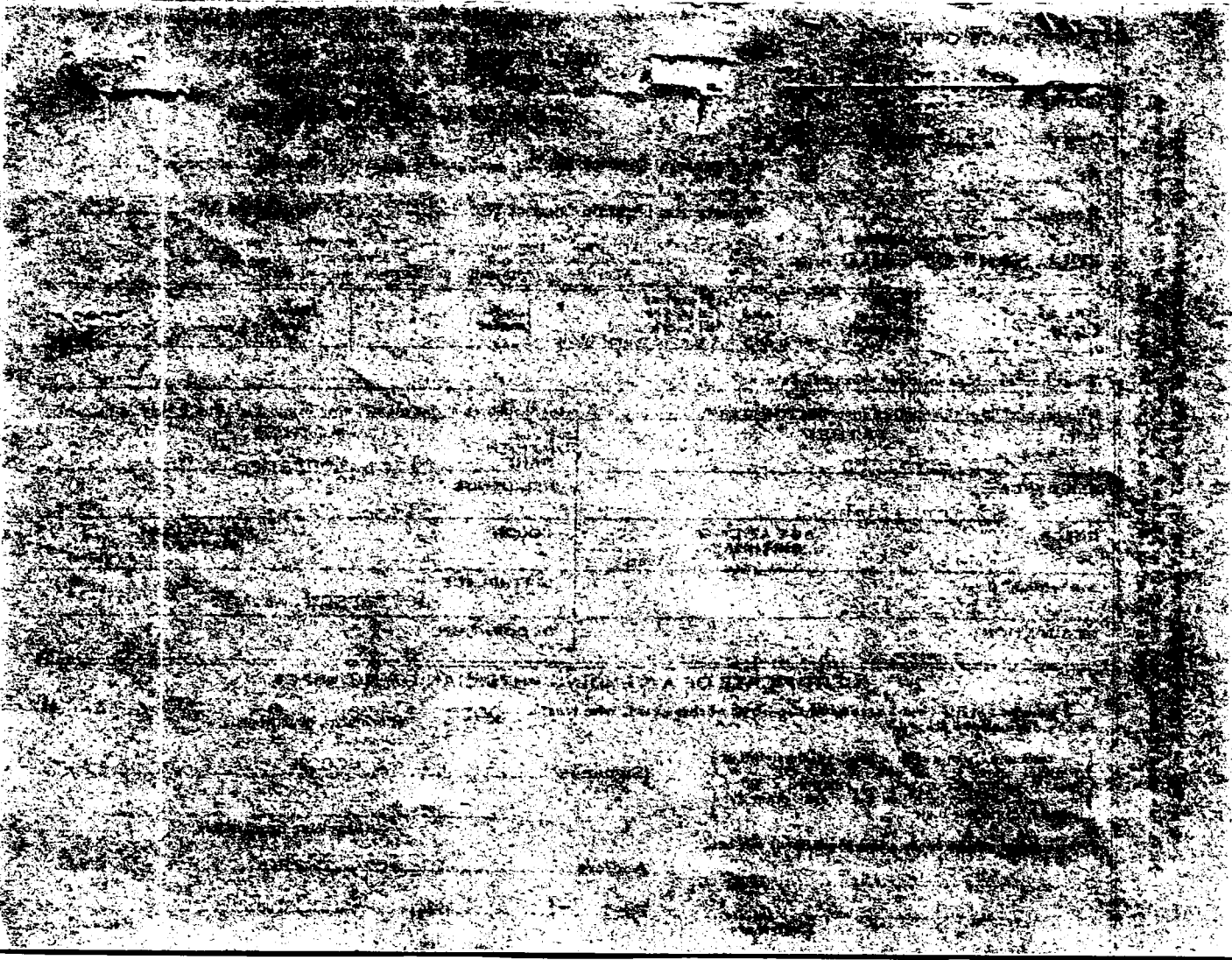
.....
Registrar.

(Signature) A. B. Boech
M. D.
(Physician)

Address Wilder, Idaho

Filed 7-1 192 Lulu Waldrop
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 102183
Date Filed 7/1/22

The undersigned does solemnly swear that certain facts on the certificate of ____ (Birth or Death)
for ____ (Name on Original Certificate) who ____ (Was Born or Died) on ____ (Date of Event)
in ____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Alice Reva Riggs	Marjorie Reva Riggs

Subscribed and sworn to before me this 19th day of March, 1922

Notary Public, residing at ____
My commission expires ____
(Seal)

Signed Mrs. G. G. Riggs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____
County of ____ } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of March, 1922

Notary Public, residing at ____
My commission expires ____
(Seal)

Signed Marjorie Reva Bayles
(Signature of Any Credible Person)

____
(Street Address, City, State)

FORM DPH - 51117

263-116-014-231

NAME CHANGED PURSUANT TO COURT ORDER DATED 4-25-03
CERTIFICATE AMENDED 5-8-03 DHS

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. 3

Primary Registration District No. 1007

File No. 102184

Registered No. 48

Full Name of Child Rex Orlin ~~Botts~~ ROGERS

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate: yes	DATE OF BIRTH: June 11 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Carl R Botts	FULL MAIDEN NAME: Goldie W Blayden
RESIDENCE: Parma	RESIDENCE:
COLOR: W — AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: W — AGE AT LAST BIRTHDAY: 27 (Years)
PLACE: Ind	BIRTHPLACE: Ore
PATION: Book Keeper	OCCUPATION: H W

r of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

ereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P M
date above stated.

When there was no attending physician or wife, then the father, householder, etc., uld make this return. A stillborn child is that neither breathes nor shows other evi- ce of life after birth.

(Signature) W. V. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

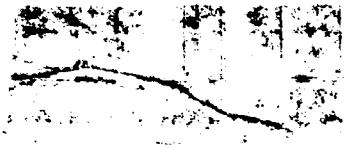
Filed 7-1 1922 Lulu Waldrop Registrar

WRITE PLAINLY WITH UN[redacted]G INK—THIS IS A PERMANENT RECORD

N. B.—In [redacted]EPARATE RETURN must be made for each and the number order of birth stated.

K

c.c. 5/20/41. w.n.



VITAL STATISTICS
03 MAY -6 PM 3:21

STATE OF WASHINGTON)
COUNTY OF SNOHOMISH) ss
The undersigned duly qualified and acting District Court Judge/Clerk does hereby certify that the above entitled document is a full, true and complete copy of the original.
Dated this 25 day of April 2003
District Court Judge/Clerk

SNOHOMISH COUNTY DISTRICT COURT, SOUTH DIVISION
STATE OF WASHINGTON

In re the matter of:	)	
	)	**CASE NO. N 03-89**
	)	
	)	**ORDER CHANGING NAME**
BOTTS, REX ORIN	)	**(ADULT)**
Petitioner.		

I. BASIS

1.1 A petition was presented to the Court on APRIL 24TH 2003 requesting that the name of: BOTTS, REX ORIN be changed to: ROGERS, REX ORIN

1.2 A hearing was held on APRIL 25TH 2003.

1.3 The following persons were present: PETITIONER

1.4 Petitioner's: Date of Birth: JUNE 11TH 1922
Place of Birth: PARMA IDAHO
Parent Name (Mother) BLAYDEN, GOLDIE W,
(Father) BOTTS, EARL R

II. FINDINGS

Based on the case record to date, and the testimony at the hearing, if any, the **COURT FINDS:**

2.1 The statements in the Petition are true.
2.2 The request to change name is not made for any illegal or fraudulent purpose.
2.3 The change of name will not be detrimental to the interest of any other person.
2.4 The Petitioner is not under the jurisdiction of the department of corrections or required by law to register as a sex offender.
2.5 The request to change names should be granted.
2.6 [ ] Other: _____

III. ORDER

IT IS HEREBY ORDERED:
The name of BOTTS, REX ORIN is changed to ROGERS, REX ORIN for all purposes.
Dated: APRIL 25TH 2003

_____
Judge/Judge Protem/Commissioner

58-109-014-865

PLACE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible]

No. _____ St.

Hospital _____

Registration District No. 3

File No. 102185

Primary Registration District No. 2007

Registered No. 42

Full Name of Child George Franklin Snyder

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: June (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Hollie M. Snyder	FULL MAIDEN NAME	Luella C Honey
RESIDENCE	Wilder Ida, R.F.D.	RESIDENCE	Wilder, Idah R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kans.	BIRTHPLACE	Kans.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Waldorf, M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__ Address _____

_____ Registrar

Filed 7-1 1922 Lulu Waldrop Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-206-014-689

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102186

County of Canyon

City of Wilder

Registration District No. 3 File No.

No. St.

Hospital Home

Primary Registration District No. 2007 Registered No. 41

FULL NAME OF CHILD Delight Clayson

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo W. Clayson	FULL MAIDEN NAME	Flora A Whittle
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE		BIRTHPLACE	Emmett Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1% Ag No. used

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch M D (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Wilder Ida

Filed 7-1 1922 Lulu Naldrop Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1922-379094

493-203-014-493

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ____ St.

Hospital Home

Registration District No. 9 File No. 102187

Primary Registration District No. 2007 Registered No. 70

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 3 1922

	FATHER	MOTHER
FULL NAME	J. C. Mitchell	FULL MAIDEN NAME Mable Mitchell
RESIDENCE	Wilder Ida	Wilder Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	40 (Years)	34 (Years)
BIRTHPLACE	Canargo Ill	Peabody Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

1/0 ag 103 und

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Brock MD

(Physician or midwife)

Address Wilder Ida

Given names added from a supplemental report.

19____

Registrar

Filed 7-1 1922 Lulu Caldwell Registrar

639-117-014-419

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 102188

No. 5 mi North

Primary Registration District No. 2007

Registered No. 39

Hospital

FULL NAME OF CHILD William Dailey Flint

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	May 17 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. J. Flint	FULL MAIDEN NAME	Nellie Dailey
RESIDENCE	Parma R.F.D.	RESIDENCE	Parma R.F.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	N. Y.	BIRTHPLACE	Indiana
OCCUPATION	School Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Saragin

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Nyssa Ore

19

Filed 7-1 1922 Lulu Waldrop

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-104-014-294

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

County of Canyon

City of Huston

Registration District No. 3

File No. 102189

No. RFD # 2 St.

Primary Registration District No. 2005

Registered No. 44

Hospital

FULL NAME OF CHILD William Kimber Young

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 4 1922

FATHER	MOTHER
FULL NAME: William C. Young	FULL MAIDEN NAME: Florence Kimber
RESIDENCE: Huston	RESIDENCE: Huston
COLOR: White	COLOR:
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Oklahoma	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl Warner M.D.

Physician

(Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report.

19

Registrar

Filed May-16 1922 John H. Meyer

Registrar

APR 27 1966

419-206-014-413

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. R. # 4 St.

Registration District No. 9 File No. 102190

Hospital

Primary Registration District No. 2005 Registered No. 95

FULL NAME OF CHILD Marjorie Helen Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5/6 2 192

What bactericidal solution was used in eyes? Silver Nitrate used- 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Cecil Martin	FULL MAIDEN NAME	Lillian Maloney
RESIDENCE	Caldwell, Idaho R. # 4	RESIDENCE	Caldwell, Idaho. R. # 4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ind.	BIRTHPLACE	Mont.
OCCUPATION	----	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Caldwell, Idaho.

Filed May 13-1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AL REASONS WHY
CHILD

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: .....

County: Canyon

File Number: 102190

Registration Dist. No.: Maple Grove

Date of Birth: May 9th 192 4

Sex of Child: Female

Father: Mr. Cecil Lawrence Martin (Full Name)

Mother: Miss Lillian Alverta Ma (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marjorie Helen Martin (Child's Name in Full)

Mrs. Lillian Martin (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

only 9

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

799-207-074-381

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 BUREAU

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 102191

No. ..... St.

Primary Registration District No. 2005 Registered No. 96

Hospital Home

FULL NAME OF CHILD Edith Elizabeth Price

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May (Month) 7 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Geo Price	FULL MAIDEN NAME	Lorena Charlton
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wilson Ida	BIRTHPLACE	Sheridan Co Ida.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

1% Ag Nozzled

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wilder Ida

Registrar

Filed June 5 1922 John V. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
413-212-014-859

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

County of Canyon
City of Caldwell
No. 10" & Galveston
Hospital

Registration District No. 9
Primary Registration District No. 1005

File No. 102192
Registered No. 97

FULL NAME OF CHILD Grace Mallory
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	5/12 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 12 — Number of child of this mother now living, including present birth 10

FATHER	MOTHER
FULL NAME: Lorenzo Mallory	FULL MAIDEN NAME: Mary Herrick
RESIDENCE: Caldwell, Ida. 10" & Galveston	RESIDENCE: Caldwell, Idaho, 10" & Galveston
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 48 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: ---	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B Dudley, M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed May 12 1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR

GENERAL REASON

D AND

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: 12 Galveston

County: Canyon

File Number: 102192

Registration Dist. No.:

Sex of Child: Girl Female

Date of Birth: May 12 1922

Father: Lorenzo Mallory (Full Name)

Mother: Mamie Priscillia Ste (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Grace Mallory
Child's Name in Full

Mrs Mamie Mallory
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-112-064-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 22 1922
IDAHO VITAL STATISTICS

County of Canyon
City of Caldwell
No. R. No. 1 St.
Hospital

Registration District No. 3 File No. 102193
Primary Registration District No. 2005 Registered No. 98

FULL NAME OF CHILD Floyd Melvern Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	5/12 192 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Morgan P. Smith	FULL MAIDEN NAME: Alice C. Painter
RESIDENCE: Caldwell, Idaho, R. # 1	RESIDENCE: Caldwell, Idaho, R. # 1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 49	AGE AT LAST BIRTHDAY (Years): 39
BIRTHPLACE: Wisconsin	BIRTHPLACE: Kansas
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) S. B. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Filed May 12 1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/14/41 L. B.

SEP 17 1941

JAN 21 1943

814-214-014-366

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3

File No. 102194

No. ..... St.

Primary Registration District No. 2005

Registered No. 99

Hospital Home

FULL NAME OF CHILD Leola Muriel Hadsall

Sex of Child female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes.

Date of Birth May 14 1922 (Month) (Day) (Year)

FATHER

FULL NAME Archie Gay Hadsall

RESIDENCE Middleton

COLOR White

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Trenton Nebraska

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Bernice Lillian Loomis

RESIDENCE Middleton

COLOR White

AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Indianola Nebraska

OCCUPATION house wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-30 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Mrs. May Loomis Nurse (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Roseberry Idaho.

Filed May-18- 1922 John S. Meyer Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

VERAL
ACH C

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Near Middleton, Street: ..... County: Canyon

File Number: 102194

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 14, 1922.

Father: Archie Gay Hadsall (Full Name)

Mother: Bernice Lillian Loomis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leola Muriel Hadsall
Child's Name in Full

Mrs Bernice Hadsall
Signature of Father or Mother

OVER

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, pa
and legitimacy.

It enables the Public Health Nurse to make sure the ch
been protected from danger of blindness and other infections at

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men
pelled to furnish certified copies of certificates of birth, i
portant that the certificates be filed with the BUREAU OF VITA
TICS and the same completed by furnishing the name of the chil

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

RECEI
JUL 3
BUREAU
STAT

364-117-014-864

PLACE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

RECEIVED JUN 28 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 102195

Primary Registration District No. 2005 Registered No. 180

FULL NAME OF CHILD Boyd Coday
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5/17 2 192

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Martin Coday	FULL MAIDEN NAME: Agnes Young
RESIDENCE: Middleton, Idaho	RESIDENCE: Middleton, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **, at** 4 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Cora Coday

(Physician or midwife)

Address Middleton, Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed May 28 1922 John L. Imeyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1955

612-118-014-251

PLACE OF BIRTH

RECEIVED
JUN 2? 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 1414 Dearborn St.

Registration District No. 3 File No. 102196

Hospital

Primary Registration District No. 3005 Registered No. 101

FULL NAME OF CHILD Paul Alfred Oakes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	5/18 192 2

What bactericidal solution was used in eyes? Silver Nitrate - 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Edgar L. Oakes	FULL MAIDEN NAME: Marjorie Beale
RESIDENCE: 1414 Dearborn St. Caldwell, Idaho	RESIDENCE: 1414 Dearborn St. Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Missouri
OCCUPATION: Merchant	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:40 A M. on the date above stated.

F. M. Cole
(Signature)

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed May 18 1922 John V. Meyer
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1 8 1942

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449

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHO
D FOR EACH CHILD [illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: CALDWELL

Street: CALDWELL SANITARIUM

County: CANYON

File Number: 102196

Registration Dist. No.:

Sex of Child: Male

Date of Birth: MAY 18TH 1922

Father: EDGAR LEROY OAKES (Full Name)

Mother: MARJORIE BEALE OAKES (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

PAUL ALFRED OAKES

Child's Name in Full

Edgar L Oakes

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

864-218-014-753

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102197B

County of Canyon
City of Notus
No. ..... St.
Registration District No. 3
Hospital ..... Primary Registration District No. 2005 Registered No. 102

FULL NAME OF CHILD one stillborn, other died 3 hrs later.
(Certificate of no value without full name of child.)

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
both female	and	9	yes	May 18th 1922

What bactericidal solution was used in eyes? 1% sol Nitrate Silver

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 7

	FATHER	MOTHER
FULL NAME	L. E Hodson	FULL MAIDEN NAME Ida. Peterson
RESIDENCE	Notus Ida.	Notus Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	41	39
BIRTHPLACE	Oland Ill.	Ida.
OCCUPATION	Farming	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

One stillborn 9 one lived 8 hrs

I hereby certify that I attended the birth of this child, who was born on above date at 1:30 P. M. (Born alive or stillborn) on the date above stated.

(Signature) J. M. Henry.
(Physician or midwife)
Address Caldwell Ida.
Filed May 23 1922 John G. Mayes
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-119-014-437

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922

CERTIFICATE OF BIRTH

County of Canyon

City of Huston

Registration District No. 3 File No. 102198

No. R. 3 St.

Primary Registration District No. 2005 Registered No. 103

Hospital

FULL NAME OF CHILD Ralph Leonard Wood

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			1	Yes	May 19 1922

FATHER	MOTHER
FULL NAME: Ralph Emerson Wood	FULL MAIDEN NAME: Jenie Bernice McGee
RESIDENCE: Huston, Idaho	RESIDENCE: Huston Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Ashland, Oregon	BIRTHPLACE: Danville, Ills.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C. R. Whittenberger D.O.
(Physician or midwife)

Address Caldwell Idaho.

Filed May 23 1922 John S. Meyer
Registrar

2% silver nitrate was used in the eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/17/41. w.h.

962-120-014-249

PLACE OF BIRTH

RECEIVED JUN 22 192 BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102199

County of Canyon

City of Huston

No. R. # 1 St.

Registration District No. 3

File No.

Hospital

Primary Registration District No. 2005

Registered No. 104

FULL NAME OF CHILD John Lewis Robinson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5/20 2 192

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	W. H. Robinson	FULL MAIDEN NAME	Rachel Smith
RESIDENCE	Huston, Idaho, R. # 1	RESIDENCE	Huston, Idaho, R. # 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 20 1922 John D. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1943

APR 23 1943

133-122-014-318

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 2 [illegible] BUREAU OF VITAL STATISTICS

County of Canyon

City of Caldwell

No. 510 Dearborn St.

Registration District No. 3 File No. 102200

Primary Registration District No. 1004 Registered No. 185

Hospital

FULL NAME OF CHILD Sidney Royal Altizer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 22 1922

FATHER	MOTHER
FULL NAME Ennis Kyle Altizer	FULL MAIDEN NAME Florence Margaret Taylor
RESIDENCE Mountain Home	RESIDENCE Caldwell
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Copper Valley, Virginia	BIRTHPLACE Caldwell
OCCUPATION Mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C. R. Whittenberger D.O.
(Physician or midwife)

Address Caldwell Idaho

Filed May 26 1922 John A. Troyer
Registrar

2% Silver nitrate in eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/28/41 L. B.

PLACE OF BIRTH 469-228-014-BC2

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 102201

Primary Registration District No. 2005 Registered No. 106

FULL NAME OF CHILD Betty Jane Morse
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5/ 28 192 2

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lowell M. Morse	FULL MAIDEN NAME	Marian Robinson
RESIDENCE	Flint Michigan	RESIDENCE	Flint, Michigan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Michigan	BIRTHPLACE	Ill.
OCCUPATION	Inspector in Spring Shop	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:08 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed May 29 1922 John V. Meyer
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth stated.

SEP 18 1944

PLACE OF BIRTH

755-202-014-713

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102202

County of Canyon

City of Notus

No. ____ St.

Registration District No. 3 File No. ____

Hospital ____ Primary Registration District No. 2005 Registered No. 107

FULL NAME OF CHILD June Elaine Pennington

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and	2	Yes	6/2 192

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Howard T. Pennington	FULL MAIDEN NAME: Virginia Elaine Gallagher
RESIDENCE: Notus, Idaho	RESIDENCE: Notus, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 23	AGE AT LAST BIRTHDAY (Years): 19
BIRTHPLACE: Kansas	BIRTHPLACE: Nebraska
OCCUPATION: Merchant	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **, at** 10:15 A **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed June 3 1922 John S. Meyer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVE[illegible] Y A CERTIFICATE [illegible]

SEP 12 1952

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Kotzu

Street: Front

County: Canyon

File Number: 102202

Registration Dist. No.:

Date of Birth: June 7 1922

Sex of Child: Female

Father: Howard Thomas Pennington (Full Name)

Mother: Virginia Elaine Gallagh (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

June Elaine Pennington (Child's Name in Full)

Howard T Pennington Jr (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

SEP 12 1952

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

319-202-014-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Notus

No. R. # 1 ~~St.~~

Hospital

RECEIVED
JUN 23 1922
BUREAU OF VITAL STATISTICS

Registration District No. 3 File No. 102203

Primary Registration District No. 2005 Registered No. 108

FULL NAME OF CHILD (Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	6/2 2 192

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Ole E. Larson	FULL MAIDEN NAME: Lilleth T. Brown
RESIDENCE: Notus, Idaho. R. # 1	RESIDENCE: Notus, Idaho R. # 1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 39	AGE AT LAST BIRTHDAY (Years): 41
BIRTHPLACE: Wisconsin	BIRTHPLACE: Wisconsin
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley, M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed June 3 1922 John H. Breyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 22-170399

433-103-014-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102204

County of Canyon
City of Wilder
No. R. #1 St.
Hospital
Registration District No. 3
Primary Registration District No. 2005
File No.
Registered No. 109

FULL NAME OF CHILD Elmer Elsworth McCoy
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	6/3 192

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: W. O. McCoy	FULL MAIDEN NAME: Ruth E. Conover
RESIDENCE: Wilder, Idaho #1	RESIDENCE: Wilder, Idaho #1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Iowa
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed June 3 1922 John K. Meyer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

VITAL
1108

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Wilder

Street:

County: Canyon

File Number: 102204

Registration Dist. No.:

Sex of Child: Male

Date of Birth: June 9 192 2

Father: William Arlin McCoy
Full Name

Mother: Ruth Eleanor Conover
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Elmer Elsworth McCoy
Child's Name in Full

Ruth E. McCoy
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

469-203-014-714

PLACE OF BIRTH

RECEIVED
JUN 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. S. 9th St. St.

Registration District No. 3 File No. 102205

Hospital

Primary Registration District No. 2005 Registered No. 110

FULL NAME OF CHILD Clara Lavina Morris

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	6/3 1922

What bacterioidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	William C. Morris	FULL MAIDEN NAME	Bertha Paul
RESIDENCE	Caldwell, Idaho, R. # 4	RESIDENCE	Caldwell, Idaho, R. # 4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

M. D. (Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 6 1922 John L. Meyers Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1947

816-104-014-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Hospital ____

Registration District No. 9 File No. 102206

Primary Registration District No. 1005 Registered No. 111

FULL NAME OF CHILD Grant Lewis Haworth
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	6/4/1922

What bacterieidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Howard Earle Haworth	FULL MAIDEN NAME: Caroline Miner Dickinson
RESIDENCE: 1622 Everett St. Caldwell, Idaho	RESIDENCE: 1622 Everett St. Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Wisconsin
OCCUPATION: Banker	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 6th 1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY
OF EACH CHILD AND

DECEASED

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital im
ance to have the full name included in the record. Kindly fill in the information requested in the blank b
and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS

Place of Birth — City: Caldwell

Street: 1622 Everett

County: Canyon

File Number: 102206

Registration Dist. No.:

Sex of Child: Male

Date of Birth: June 4 19

Father: Howard Earle Haworth
Full Name

Mother: Caroline Miner Hawo Dick
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Grant Lewis Haworth
Child's Name in Full

Caroline Miner Haworth
Signature of Father or Mother

port-
below

irth registration is part of every child's birthright.
t establishes legally the date of the child's birth, parentage
timacy.
It enables the Public Health Nurse to make sure the child has
tected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

, The correct age for purposes of school attendance.
, Employment.
, Protection under the law.
, Military and jury duty.
, Right to travel unmolested in foreign lands.
, Right to vote.
, Right to receive pensions and inherit property.
, Furnishes acceptable evidence of genealogy.
, Right to get married.
. Just at this time while many of the Ex-Service men are com-
furnish certified copies of certificates of birth, it is im-
hat the certificates be filed with the BUREAU OF VITAL STATIS-
the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

255-205-014-622

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. R. # 4 St.

Hospital

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 102207

Primary Registration District No. 2005 Registered No. 112

FULL NAME OF CHILD Virginia Aladene Bennett
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	6/5 2 192

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Luther M. Bennett	FULL MAIDEN NAME: Ethel Lovina Osbonne
RESIDENCE: Caldwell, Idaho R. # 4	RESIDENCE: Caldwell, Idaho R. # 4
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley, M. D.
(Physician or Midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

Filed June 6th 1922 John H. Meyer
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1943

691-105-014-391

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. R. # 2 St.

Registration District No. 3

File No. 102208

Hospital

Primary Registration District No. 2005

Registered No. 113

FULL NAME OF CHILD Ernest Denton Franks
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6/5 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: E. D. Franks	FULL MAIDEN NAME: Evalina E. Marie Crawford
RESIDENCE: Caldwell, Idaho, R. # 2	RESIDENCE: Caldwell, Idaho, R. # 2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 26	AGE AT LAST BIRTHDAY (Years): 19
BIRTHPLACE: Idaho	BIRTHPLACE: Nebraska
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 6th 1922 John V. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/14/41 L. B.

AUG 13 1962
JAN 3 1967

295-107-014-363

PLACE OF BIRTH

RECEIVED
JUN 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. 823 Denver St.
Hospital
District No. 9
Primary Registration District No. 1905
File No. 102209
Registered No. 44

FULL NAME OF CHILD Raymond June Kingsbury
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6/7/2

What bacteriecidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 9

FATHER	MOTHER
FULL NAME: Otis L. Kingsbury	FULL MAIDEN NAME: Ida Belle Colby
RESIDENCE: 803 Denver St. Caldwell, Idaho	RESIDENCE: 803 Denver St. Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 49	AGE AT LAST BIRTHDAY (Years): 42
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Painter	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley
M.D.
(Physician or midwife)
Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed June 9th 1922 John L. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS

OF BIRTH

WITH THE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: 803 Denver St

County: Canyon

File Number: 102209

Registration Dist. No.:

Date of Birth: June 7 1922

Sex of Child: Male

Father: Otis L. Kingsbury (Full Name)

Mother: Ida Belle Cobbs (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Raymond Ivan Kingsbury (Child's Name in Full)

Ida Belle Kingsbury (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

453-204-014-235

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Canyon

City of Caldwell Valley Precinct

No. ____ St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 3

File No. 102210

Primary Registration District No. 1007

Registered No. 31

Full Name of Child Lorraine Meldveldt

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
fem	—	—	yes	Apr. 4 1922

FATHER

FULL NAME: Christopher Meldveldt

RESIDENCE: Parma R. 2,

COLOR: W. AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Cerlise Stephens

RESIDENCE: Parma R. 2,

COLOR: W. AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Ill.

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D. (Physician or midwife)

Address

Given names added from a supplemental report

....19....

Registrar

Filed 6-1 1922 Leslie Waldrop Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Dup of 1922-36915C

331-119-014-959

PLACE OF BIRTH

County of Canyon

City of Parma Precinct

No. ____ St.

Hospital ____

RECEIVED JUN BUREAU ST

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 102212

Primary Registration District No. 2007

Registered No. 33

Full Name of Child Robert Oswell Clark

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M.	—	—	yes.	Apr. 19 1922

FATHER

FULL NAME: Archie F. Clark

RESIDENCE: Parma

COLOR: W. AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Mo.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Otta Reigles

RESIDENCE: Parma

COLOR: W. AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen

(Physician or midwife)

Given names added from a supplemental report

....19....

Registrar

Address ____

Filed 6-1 1922 Lulu Waldrop

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-230-014-213

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Precinct

No. ..... St.

Hospital .....

Registration District No. 3

File No. 102213

Primary Registration District No. 2007

Registered No. 34

Full Name of Child Margaret Lenore Hamilton

SEX OF CHILD fem.	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes.	DATE OF BIRTH Apr. 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer R. Hamilton	FULL MAIDEN NAME	Lenore Bates
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Calif.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed 8-1 1922 Luly Waldrop

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...ADING INK—THIS IS A PERMANENT RECORD

SEP 9 1975

249-214-014-551

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. _____

Primary Registration District No. 2007

File No. 102214

Registered No. 35

Full Name of Child Lavilla May Burau

SEX OF CHILD: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: May (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Earl E. Burau	FULL MAIDEN NAME	Emily E. Evans
RESIDENCE	Notus, Ida	RESIDENCE	Notus, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Minn	BIRTHPLACE	N C,
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldorf, M. Dr.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Registrar

Filed 1-1 1922 [signature] Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1944

313-215-014-799

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 22 1922 ...TAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 102215

No. ..... St.

Primary Registration District No. 2007 Registered No. 3 6

Hospital Home

FULL NAME OF CHILD Rosabell Nadine Calloway

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	F. G. Calloway	FULL MAIDEN NAME	Cora Ethyl Griggs
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	W. Virginia	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

1 pagnoz used

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:18 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed 6-1 1922 Lulu Waldrop
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 22 1944

966-223-014-259

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

County of ____

City of ____

No. ____ St.

Hospital ____

Registration District No. 6

Primary Registration District No. 2007

File No. 10221

Registered No. 37

Full Name of Child Thelma Jennie Root

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	May 23 1922

FATHER		MOTHER	
FULL NAME	Ira S. Root	FULL MAIDEN NAME	Sophia V. Bullock
RESIDENCE	Parma, Ida	RESIDENCE	Parma, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	S. D.
OCCUPATION	Carpenter	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12-30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Waldorf M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 6-1 1922 Ruby Waldorf

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 4 1973

219-223-014-643

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 22 1922 VITAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 9 File No. 102217

No. ..... St.

Hospital Home

Primary Registration District No. 2007 Registered No. 8

FULL NAME OF CHILD Thelma Fay Barnard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	May	23	1922

FATHER		MOTHER	
FULL NAME	W. E. Barnard	FULL MAIDEN NAME	Rozella Fuller
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Salem Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

1 yr 4 mo 3 wks

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Beach M D

(Physician or midwife)

Address Wilder Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 6-1 1922 Ruby Waldrop

Registrar

N. B.—In case of more than one child at birth a separate certificate must be filed for each, and the number of each, in order of birth stated.

K

714-118-014-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102218

County of Canyon

City of Bowmont

No. ..... St.

Registration District No. 7

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Victor Franklin Paullas Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	May 18. 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Victor Franklin Paullas	FULL MAIDEN NAME	Meta May Bell
RESIDENCE	Bowmont	RESIDENCE	Bowmont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Chicago	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. L. Fink M.D.
M-B.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 10 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 2 1942

453-111-014-859

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. ..... St.
Hospital .....
Registration District No. 7
Primary Registration District No. 2006
File No. 102219
Registered No. .....

FULL NAME OF CHILD Gilbert Earl Mechom
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	May 11, 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Ira E Mechom	FULL MAIDEN NAME	Bessie Herrick
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Smoot Wyo.	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. L. Fink M.D.
M.B.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 10 1922 Pearle Wade
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1961

853-216-014-381

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 102220

No. R# 2 St.

Primary Registration District No. 2502 Registered No.

Hospital —

FULL NAME OF CHILD Dorothy Jane Heet —

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		1	yes	5 — 16 — 1922

FATHER	MOTHER
FULL NAME Bernie Heet	FULL MAIDEN NAME Ruth Chambers
RESIDENCE R# 2 - Nampa	RESIDENCE R# 2 Nampa
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 8 15 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Leo N. Chilton M.D.

(Physician or midwife)

Address Nampa Idaho.

Filed —, 19—

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

—, 19—

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1958

466-113-024-445

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922 BUREAU

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 102221

No. R# 2 St.

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD Norman Herbert Moffitt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	5 (Month) 15 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gilbert Moffitt	FULL MAIDEN NAME	Clarence Duval
RESIDENCE	R# 2 Nampa	RESIDENCE	R# 2 Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8.50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Ida

Filed June 10 1922 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1962
SEP 26 1962

253-216-014-165

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

53

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 102222

No. ..... St.

Primary Registration District No. 2006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Opal Lee Betts

Sex of Child Fem — Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 5 (Month) 16 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Archie L. Betts	FULL MAIDEN NAME	Minnie Grace Jones
RESIDENCE	RD 3 Nampa	RESIDENCE	RD 3 Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	MO
OCCUPATION	Rancher	OCCUPATION	Ranchers Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Meredith, D.O.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address .....

Filed June 18 1922 [illegible]

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1943

814-130-014-692

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 102223

No. ..... St.

Primary Registration District No. 2006 Registered No. .....

Hospital Mercy

FULL NAME OF CHILD LaVern Jennings Houser Hauser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male			April (Month) 30 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Martin Jennings Houser Hauser	FULL MAIDEN NAME	Grace Viola Fike
RESIDENCE	Nampa Ida.	RESIDENCE	Nampa Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. A. Kellogg.

Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed June 18 1922 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-101-014-695

PLACE OF BIRTH

Amended 5-16-60

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 102224

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Heyward Winslow Jacks

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	June 1, 192 2

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Cecil H. Jacks	FULL MAIDEN NAME: Tressie Winslow
RESIDENCE: Nampa, Idaho	RESIDENCE: Nampa, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Eustis, Nebraska	BIRTHPLACE: Elwood, Nebraska
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was was born alive, at 5:30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. E. Mangum

Physician
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 6-10-22 192.. Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 102224

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Haywood Winslow Jacks (Name on Original Certificate) who was born (Was Born or Died) on June 1, 1922 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (on back) (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Haywood Winslow Jacks	Heyward Winslow Jack

Subscribed and sworn to before me this 13th day of May, 13, 1960

Robert O. Rudsill
Notary Public, residing at Star
My commission expires Mar 20, 1961
(Seal)

Signed X Robert J. Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

Condensed Brand Certificate, issued by State Brand Inspector, dated July 1, 1954, gives name as Heyward W. Jack. Viewed by V.S.
U. S. Coast Guard Identification Card, obviously old, gives name as Heyward W. Jack. Viewed by V.S.

795-203-014-168

PLACE OF BIRTH

[redacted] S. No. 11-C-25m-7-21-19

County of Canyon

City of Nampa [redacted] No. 102225

No. ..... St. STATISTICS

Hospital Mercy Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Sarah Alice Preston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Melville Preston	FULL MAIDEN NAME	Beatrice Johnstone
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Stanwood Iowa	BIRTHPLACE	Clarence Iowa
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H P Ross MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Nampa, Ida

Filed June 10 1922 Pearle Doads Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 7 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512-219-014-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUN 22 19

County of Canyon

City of Nampa

Registration District No. 47 File No. 102226

No. ..... St.

Primary Registration District No. 1006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Miriam Iois Eastly

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	# (To be answered only in event of plural births)		~~#~~	yes	Apr 19 1922

FATHER	MOTHER
FULL NAME Morton D. Eastly	FULL MAIDEN NAME Tiny Bartholow
RESIDENCE Nampa Idaho	RESIDENCE Nampa Ida
COLOR White	AGE AT LAST BIRTHDAY 44 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Springfield So Dak	BIRTHPLACE Spencer So Dak
OCCUPATION Printer	OCCUPATION Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 55 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) M.D. Eastly

Father of child
(Physician or midwife)

No Physician there

Address .....

Filed June 13 1922 Pearle Dodds
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

DEC 1 8 1974

JUN 8 1942

363-219-014-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa BURE Registration District No. 7 File No. 102227

No. ____ St.

Hospital Mercy Primary Registration District No. 111 Registered No. ____

FULL NAME OF CHILD Winette Willowyn Lockman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	+		+		May 19th 1922

FATHER

FULL NAME Tilden Thomas Lockman

RESIDENCE Nampa

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION Engineer

MOTHER

FULL MAIDEN NAME Queen Adah Wing

RESIDENCE Nampa

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:a. M. on the date above stated.

(Signature) Geo. A. & A. Kellogg
Phys.
(Physician or midwife)

Address ____

Filed June 16 1922 Pearl [illegible] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH AMENDED AUGUST 3, 1954

452-109-014-817

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ____ St.

Registration District No. 7 File No. 102228

Hospital ____ Primary Registration District No. 1006 Registered No. ____

FULL NAME OF CHILD Gilbert LeRoy Messic
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 9, 1922

What bacteriocidal solution was used in eyes? Silver

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER

FULL NAME: Robt. H. Messic

RESIDENCE: Nampa

COLOR: White AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Tenn.

OCCUPATION: Apr. Clerk

MOTHER

FULL MAIDEN NAME: Stella Haglen

RESIDENCE: Nampa

COLOR: White AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) H. M. Halverson, M.D.

(Physician or midwife)

Address Boise, Idaho

Filed June 10, 1922 Pearle Dodds
Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

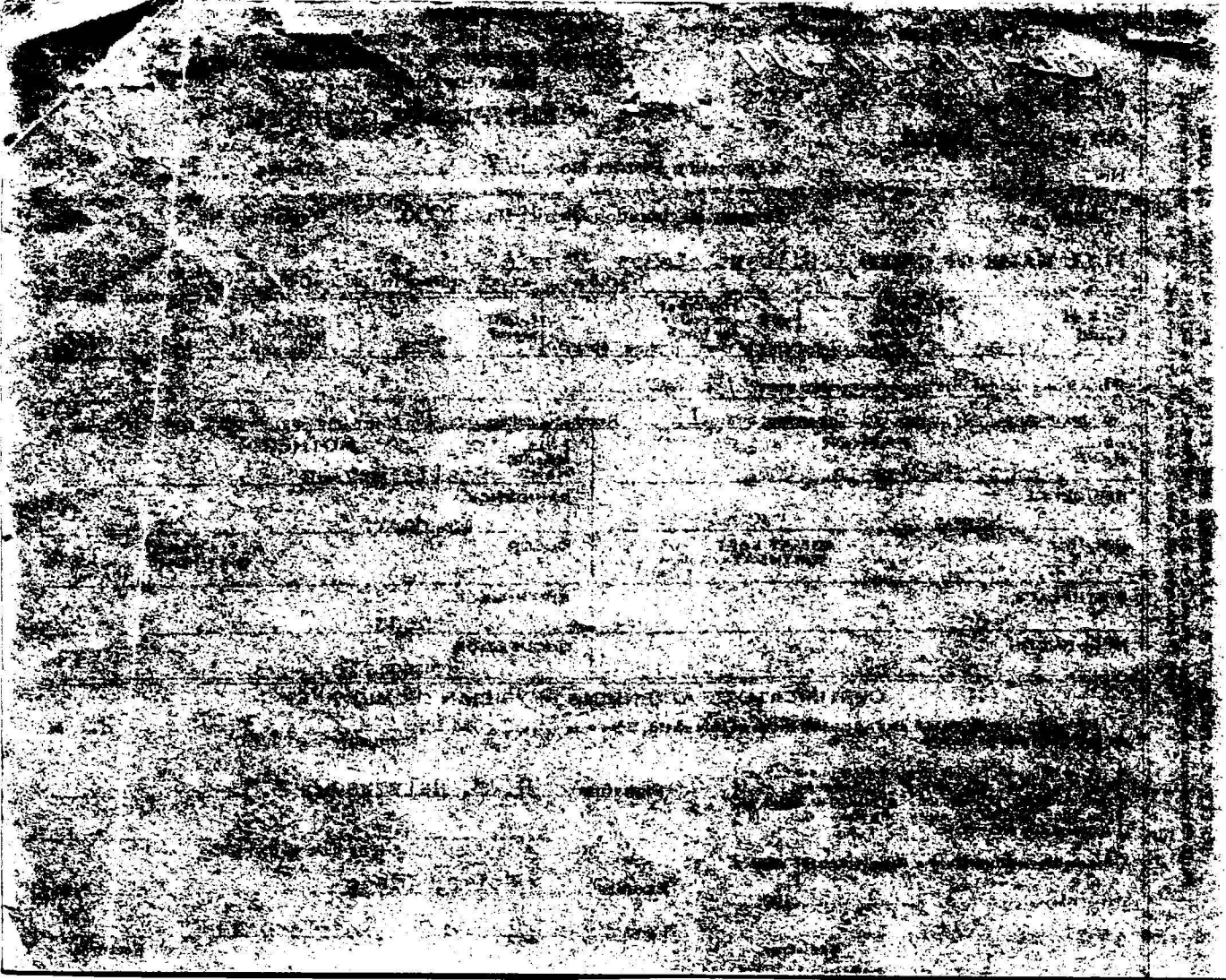
Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

RECEIVED
AUG 3 - 1954
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 102228

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Gilbert Leroy Messic (Birth or Death)
for Gilbert Leroy Messic (Name on Original Certificate) who May 9 (Was Born or ~~Died~~) on 1922 (Date of Event)
in Nampa Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," ~~"Cause of Death,"~~ Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Gilbert Leroy Messick	Gilbert Leroy Messic

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs Stella Rogers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1712 - Guinn St. San Mateo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of July, 1954

Notary Public, residing at Boise, Idaho
My commission expires April 6, 1955
(Seal)

Signed Loretta L Chappell
(Signature of Any Credible Person)

918 Day Dr. Boise Ida
(Street Address, City, State)

DPH 52-155

213-115-014-236

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 102229

No. 418-12 ad N St.

Primary Registration District No. 336 Registered No.

Hospital

FULL NAME OF CHILD Lewis John Baldwin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy			Jan (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ben L. Baldwin	FULL MAIDEN NAME	Mary Sloper
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	R.R. Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M D
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho

Filed June 1922 Frank Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-328232

219-209-014-289

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102230

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. — St.

Primary Registration District No. 1306 Registered No.

Hospital Mercy.

FULL NAME OF CHILD Joice Louise Barrett

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May (Month) 9 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Clarence A. Barrett	FULL MAIDEN NAME Ellen Marie Shields
RESIDENCE Lokeview Terrace	RESIDENCE Lokeview Terrace.
COLOR White AGE AT LAST BIRTHDAY 24 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Oregon
OCCUPATION Employee O. S. Line RR	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 45 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chitton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa, Idaho

Filed June 10 1922 Earle Todd Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

792-207-014-843

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 102231

No. 1312 4th St. S St.

Primary Registration District No. 1022 Registered No.

Hospital

FULL NAME OF CHILD Eva Rose Gibson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	—		—	Yes	April 7 1922

FATHER		MOTHER	
FULL NAME	J. C. Gibson	FULL MAIDEN NAME	Gladys Hulse
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Texas	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a m on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J. H. Murray M. D.

(Physician or midwife)

Address Nampa Idaho

Filed June 10 1922 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 3 1942

485-209-014-168

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 102232

No. 502 8th St.

Hospital Home

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD Maxine Fay Myers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 9 1922

FATHER		MOTHER	
FULL NAME	Ray L. Myers	FULL MAIDEN NAME	Nina Myrtle Johnson
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Truck Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 6 on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Mapes

(Physician or midwife)

Address Caldwell

Given names added from a supplemental report.

19

Registrar

Filed June 10 1922

JUL 12 1974

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted] OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 22 19[illegible]
BUREAU OF VITAL STATISTICS

Cou[redacted]a

City of

No. 713-102-001-65 St.

Registration District No. 7 File No. 102233

Hospital

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Robert Arthur Palmer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 2 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Clarence Lesley Palmer	FULL MAIDEN NAME	Lena May Westlake
RESIDENCE	Melba, Id	RESIDENCE	Melba, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ohio	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne
Melba, Ida
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed May 22 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLAC[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 192
BUR.

CERTIFICATE OF BIRTH

County of [redacted]

City of

693-210-037-469 No. St.

Registration District No. 7 File No. 102234

Hospital Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Doris May Williamson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 10 192[illegible]

What bactericidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Troy Gordon Williamson	FULL MAIDEN NAME	Harriett Myrtle Morgan
RESIDENCE	Murphy, Ida	RESIDENCE	Murphy, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne

(Physician or midwife) Weiser, Ida.

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed May 22 1922 Pearle Dodds
Registrar.

JAN 25 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
695-227-014-433

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102236

County of Canyon
City of Huston
No. R. # 2
Registration District No. 3
File No.
Hospital
Primary Registration District No. 2905
Registered No. 127

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Florence Leotta Finley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	6/27/192 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: J. W. Finley	FULL MAIDEN NAME: Eloise McCaw
RESIDENCE: Huston, Idaho R. # 2	RESIDENCE: Huston, Idaho R. # 2
COLOR	COLOR
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Utah
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley, M. D. (Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 28 1922 John L. Mayes Registrar.

BUREAU OF VITAL STATISTICS

Boise, Idaho, [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS

Place of Birth — City: Huston

Street: R.F.D. #2

County: Canyon

File Number: 102236

Registration Dist. No.: 48

Sex of Child: Female

Date of Birth: June 27, 1

Father: James William Finley (Full Name)

Mother: Eloise ~~Finley~~ (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Florence Lezotta Finley
Child's Name in Full

Eloise Finley
Signature of Father or Mother

192...

OR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

mport-
below

th registration is part of every child's birthright.

CS.

establishes legally the date of the child's birth, parentage
nacy.

enables the Public Health Nurse to make sure the child has
:ted from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

The correct age for purposes of school attendance.
Employment.
Protection under the law.
92.2 Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
H.M.Carr. Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.

Just at this time while many of the Ex-Service men are com-
urnish certified copies of certificates of birth, it is im-
t the certificates be filed with the BUREAU OF VITAL STATIS-
e same completed by furnishing the name of the child.

r

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

913-224-014-795

County of Canyon

City of Huston

No. R. # 2 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 102238

Primary Registration District No. 2005 Registered No. 125

FULL NAME OF CHILD Delpha Jessie Raty
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	6/24 22 192

What bacteriocidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Joseph Raty	FULL MAIDEN NAME	Nettie Pinney
RESIDENCE	Huston, Idaho R. # 2	RESIDENCE	Huston, Idaho. R. # 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 24-1922 John L. Meyer
Registrar.

Boise, Idaho, Dec 20 192.2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Town Lakeview

Street:

County: Canyon Co.,

File Number: 102238

Registration Dist. No.:

Sex of Child: girl Female

Date of Birth: June 24 192.2.

Father: Joseph R. Raty (Full Name)

Mother: Nettie J. Pinney (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Melpha Jessie Raty.
Child's Name in Full

Joseph R. Raty & Nettie J. Raty
Signature of Father or Mother

MAR 3 1972

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

768-123-014-454

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102239

County of Canyon

City of Caldwell Registration District No. 3 File No.

No. 4 Mi. East St.

Primary Registration District No. 2005 Registered No. 124

Hospital

FULL NAME OF CHILD Charles Emmett Gowey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 23 1922

FATHER

FULL NAME Milo Elmer Gowey

RESIDENCE Caldwell

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Iowa

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Minnie Belle Medley

RESIDENCE Caldwell

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Penn.

OCCUPATION Home

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 15 P.M. on the date above stated.

(Signature) L. D. Stewart

Physician (Physician or midwife)

Address Caldwell Idaho

Filed July 1st 1922 John L. Meyer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

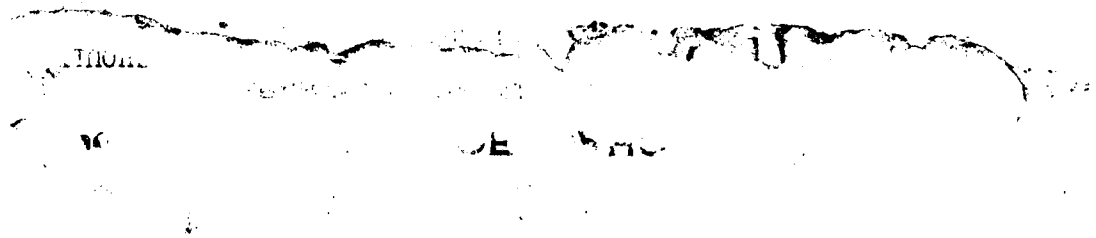
19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ..... Street ..... County [illegible]

File Number ..... 102239 .....

Registration Dist. No. .....

Date of Birth 23 June ..... 192[illegible]

Sex of Child ..... Male .....

Father Milo Elmor Lowey
Full Name

Mother Minnie Bell Medley
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Charles Emmett Lowey
Child's Name in Full

Mrs M. E. Lowey
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

275-213-014-415

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nuston

Registration District No. 3 File No. 102240

No. Rug 2 St.

Primary Registration District No. 2005 Registered No. 123

Hospital

FULL NAME OF CHILD Anna Elizabeth Spencer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	June 13th 1922

FATHER	MOTHER
FULL NAME: Herbert Carl Spencer	FULL MAIDEN NAME: Diantha Davis.
RESIDENCE: Huston, R.F.D. #2. Idaho.	RESIDENCE: Huston, R.F.D #2 Idaho
COLOR: White	COLOR: White.
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Hollon, Kansas.	BIRTHPLACE: Corning, Arkansas.
OCCUPATION: Physician & Farmer.	OCCUPATION: Hours-wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl Warner, D.O.

Physician (Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report.

19

Registrar

Filed June 17 1922. John S. Imeyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 17 1942

DECEASED

168-107-014-769

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell 2d
No. ____ St.
Hospital ____
Registration District No. 9
Primary Registration District No. 2005
File No. 102241
Registered No. 122

FULL NAME OF CHILD ____ (Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	S	7	Yes	6/7/192 2

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Cyrus Johnson	FULL MAIDEN NAME	Maud E. Gwilliam
RESIDENCE	Caldwell 2d	RESIDENCE	Caldwell 2d
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. W. Lee M. D.
(Physician or midwife)
Address Caldwell 2d

Filed June 13 1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

128-230-014-553
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

No. 128-230-014-553 St. Registration No. 3 File No. 102242

Hospital

Primary Registration District No. 2005 Registered No. 121

FULL NAME OF CHILD Lena Elaine Ashmun
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
F.	S.		2	Yes	5	30	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Royal V. Ashmun	FULL MAIDEN NAME	Lena Neth
RESIDENCE	Middleton Id	RESIDENCE	Middleton Id
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	3
BIRTHPLACE	Weeping Water Neb	BIRTHPLACE	Middleton Id
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:45 A. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M.D.
(Physician or midwife)

Address Caldwell Id

Filed June 13-1922 John S. Meyer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...NS ... CERTIFICATE OF BIRTH ...
...TED WITH T...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Middleton

Street: .....

County: Canyon

File Number: 102242

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 30 192.2

Father: Royal Vilas Ashmun (Full Name)

Mother: Lena Rose Nethe (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lena Elaine Ashmun
Child's Name in Full

Lena Rose Ashmun
Signature of Father or Mother

MAR 23 195

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

396-130-014-689

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. RFD St.

Registration District No. 3 File No. 102243

Hospital

Primary Registration District No. 2005 Registered No. 120

FULL NAME OF CHILD
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	S.	3	yes	5/30/1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Donald W. Crooks	FULL MAIDEN NAME	Edna Mae White
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Id RFD
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Lake City Ia	BIRTHPLACE	Middleton Id
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gill M. D.

(Physician or midwife)

Address Caldwell Id

Filed June 13 1922 John S. Meyer
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

893-127-079-243

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. ____ St.
Hospital
Registration District No. 3
Primary Registration District No. 1005
File No. 102244
Registered No. 719

FULL NAME OF CHILD Ralph Calvin Hickox
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S	3	yes	5 7 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Lucius Hickox	FULL MAIDEN NAME Hazel Bull
RESIDENCE Caldwell Ida	RESIDENCE Caldwell Ida
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Forest Grove Ore.	BIRTHPLACE Maine Minn
OCCUPATION Concrete workman	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee M D
(Physician or midwife)

Address Caldwell Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 13 1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF STATE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed, self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: South Kimball

County: Canyon

File Number: 102244

Registration Dist. No.:

Date of Birth: May 27th 1922

Sex of Child: Male

Father: Lucius Laurel Hickox (Full Name)

Mother: Hazel Eleanor Hickox (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ralph Calvin Hickox
Child's Name in Full

Lucius Laurel Hickox
Signature of Father or Mother

OVER

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

218-126-014-252

PLACE OF BIRTH

RECEIVED
JUL 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Huston

No. R. 2 St.

Hospital

Registration District No. 3 File No. 102245

Primary Registration District No. 2005 Registered No. 118

FULL NAME OF CHILD David George Bayless
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	S	5	yes	5/26/1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Bernard Bayless	FULL MAIDEN NAME	Mae G. ~~Bayless~~ Besecker
RESIDENCE	Huston Id R 2	RESIDENCE	Huston Id R 2
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Scott Co Kans	BIRTHPLACE	Hinsdale N.Y.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee M.D.
(Physician or midwife)

Address Caldwell Id

Filed June 13 1922 John S. Meyer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

GENERAL REASONS WHY A CERTIFICATE OF

Dup of 1922 – 287555

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Wilder

Street: R. D. #1

County: Canyon

File Number: 102245

Registration Dist. No.:

Date of Birth: May 26 1922

Sex of Child: Male

Father: Bernard Bayless (Full Name)

Mother: Mae G. Beecher (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

David George Bayless (Child's Name in Full)

Mae G. Bayless (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

316-123-014-369

PLACE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102246

County of Canyon
City of Caldwell
No. R F D St.
Registration District No. 3
File No.
Hospital
Primary Registration District No. 2005
Registered No. 117

FULL NAME OF CHILD Perry Irwin Law
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S (To be answered only in event of plural births)		1	Yes	5 / 23 / 1922

What bacteriedal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles E. Law	FULL MAIDEN NAME	Lena Connelle
RESIDENCE	Caldwell Ida R F D	RESIDENCE	Caldwell Ida R F D
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Post Boy Ohio	BIRTHPLACE	Fredericksburg Va
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 2:30 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lee M. D.
(Physician or midwife)

Address Caldwell Ida

Filed June 13 1922 John L. Meyer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-115-014-469

PLACE OF BIRTH

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Owyhee~~ Canyon, Caldwell Idaho

City of ~~Homedale R F D~~

No. ..... St.

Registration District No. 3 File No. 102247

Hospital ..... Primary Registration District No. 2005 Registered No. 116

FULL NAME OF CHILD John Everett Paine
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S		1	yes	May 15 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John D Paine	FULL MAIDEN NAME	Ethel M. Mowbray
RESIDENCE	Homedale Idaho R F D	RESIDENCE	Homedale Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nebraska	BIRTHPLACE	St Thomas N Dak
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M. D.
(Physician or midwife)

Give names added from a supplemental report.

Address Caldwell Id

....., 19....

Filed June 13 1922 John S. Meyer
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

595-212-014-799

PLACE OF BIRTH [redacted] AHO

BLIC WELFARE

County of Canyon — JUL 8 1922 — BUREAU OF VITAL STATISTICS

City of Caldwell — BUREAU OF VITAL STATISTICS — CERTIFICATE OF BIRTH

No. ..... St. — Registration District No. 9 — File No. 102248

Hospital ..... — Primary Registration District No. 1005 — Registered No. 115

FULL NAME OF CHILD Alma Lucille Miller

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	3	7	Yes	5/12/1922

What bacterieidal solution was used in eyes? Argyrol 1.0%

Number of child of this mother, including present birth 7 — Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	John [illegible] Myers	FULL MAIDEN NAME	Fay Pritchard
RESIDENCE	Caldwell Ida Bedford Co Pa	RESIDENCE	Caldwell Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Bedford Co Pa	BIRTHPLACE	Barbour Co W. Va
OCCUPATION	Real estate	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lee M. D.

(Physician or midwife)

Address Caldwell Ida

Give names added from a supplemental report.

....., 19.....

Filed June 13 1922 John L. Meyers

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 2 7 1973

NOV 5 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-18

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

385-231-014-864 No. ____ St.

Registration District No. 3

File No. 102250

Primary Registration District No. 2005

Registered No. 131

Hospital ____

FULL NAME OF CHILD Doris Mae Lynd

Sex of Child Female

Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? yes

Date of Birth May 31 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Herbert Allen Lynd	FULL MAIDEN NAME Mildred Hodge
RESIDENCE Caldwell Idaho	RESIDENCE Caldwell
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Wash.	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION H.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 4 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer

Physician (Physician or midwife)

Address Caldwell

Filed July 7 1922 John W. Meyer Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24696

Dup of 22-324009

693-126
014-235

PLACE OF BIRTH [redacted] IDAHO

Form V. S. No. 11—25m-1-1-18

JUL 8 192 BUREAU OF VITAL STATISTICS

BUREAU OF STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Huston-Rt 1 St.

Registration District No. 3 File No. 102251

Primary Registration District No. 2005 Registered No. 130

Hospital

FULL NAME OF CHILD Elliott Jessie Williams

Sex of Child Male | Twin Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth May 26 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Choo F Williams

RESIDENCE Huston Rt 1

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Anna Stevens

RESIDENCE Huston Rt 1

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Iowa

OCCUPATION Hw.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T D Farmer

Physician

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 7 1922 John V. Mayer Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

336-124-014-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

JUL 8 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 102252

No. ..... St.

Primary Registration District No. 1005

Registered No. 129

Hospital

FULL NAME OF CHILD Geo. Wm. Mc Cloud

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 24 1922

FATHER		MOTHER	
FULL NAME	George M. McCloud	FULL MAIDEN NAME	Minnie Stoehr
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ills.
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrell

Physician (Physician or midwife)

Address Caldwell Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 7th 1922 John W. Meyer Registrar

S-Y CO. 24650

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 1 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell; Street: Chicago; County: Canyon

File Number 102252

Registration Dist. No. .....

Sex of Child: Male

Date of Birth May 27th 192 2.

Father: George Milton McCloud (Full Name)

Mother: Minnie Belle Stocker (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

George William McCloud
Child's Name in Full

Mrs. Minnie McCloud
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

DEC 6 1951

DEC 6 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-216-014-366

Form V. S. No. 11—2m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JUL 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 102253

No. _____ St.

Primary Registration District No. 1005

Registered No. 128

Hospital _____

FULL NAME OF CHILD Iona Elden Rayne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	May 16 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Ansil Rayne

RESIDENCE Caldwell

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Iowa

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Pearl Cookson

RESIDENCE Caldwell

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Ills

OCCUPATION H.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 P. M. (Born alive or stillborn) on the date above stated.

(Signature) T. D. Farrer.

Physician (Physician or midwife)

Address Caldwell Ida

Filed July 7 1922 John H. Mueller Registrar

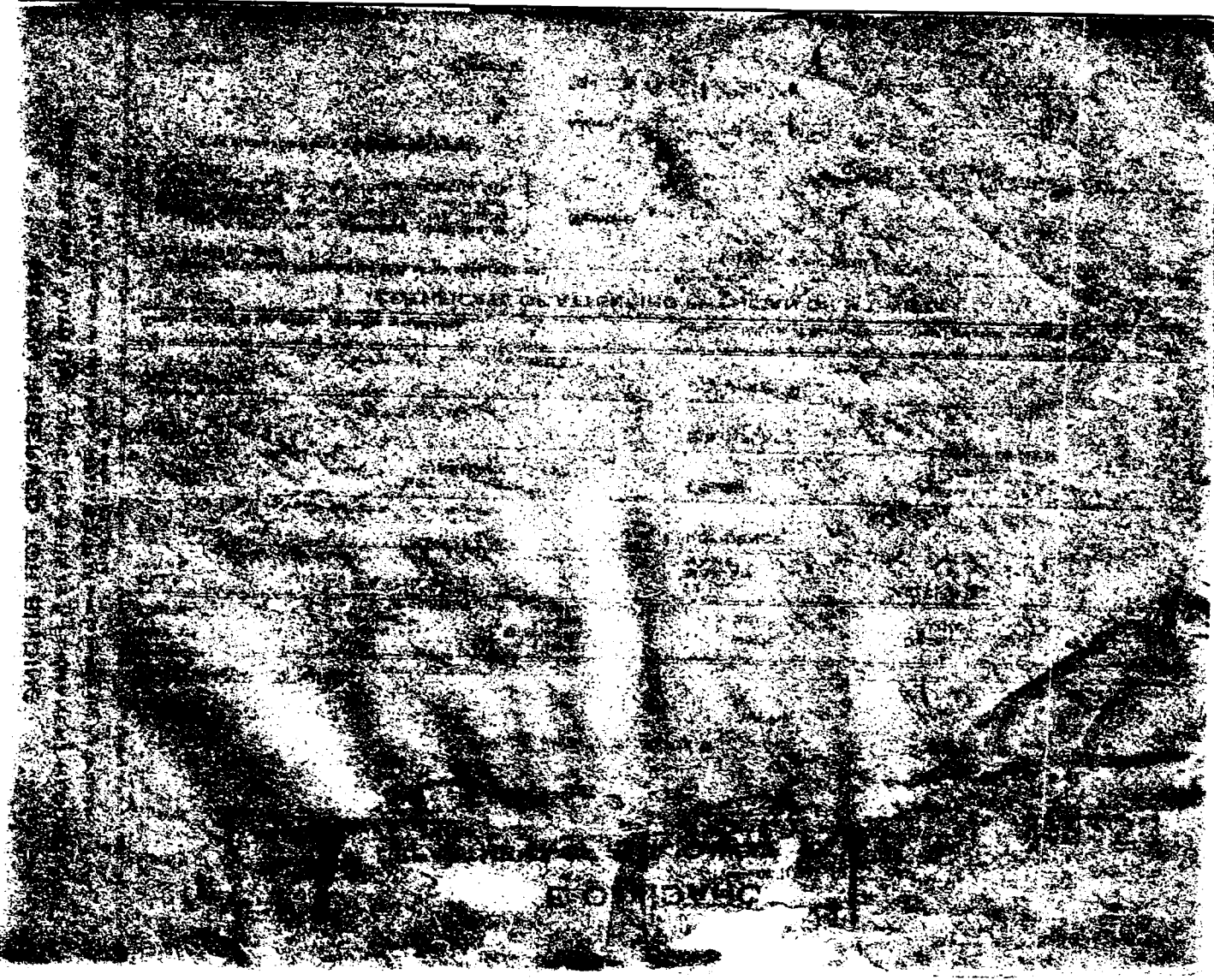
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24696



[illegible] OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, July 3 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: .....

County: Canyon

File Number: 102253

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 16th 1922

Father: William Anail Rayne (Full Name)

Mother: Lilly Pearl Cookson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lora Ellen Rayne
Child's Name in Full

Mrs W. A. Rayne
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

466-221-016-696

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. 724 W 7th St.

Registration District No.

File No. 102255

Hospital

Primary Registration District No.

Registered No. 2288

FULL NAME OF CHILD Bertha Mooso.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 21 1922

What bactericidal solution was used in eyes? 10% Argyrol Freshly prepared

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER		MOTHER
FULL NAME	Eliza Edward Mooso	FULL MAIDEN NAME	Christena Frost.
RESIDENCE	Burley Idaho	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Parker Idaho.	BIRTHPLACE	Coyote Utah
OCCUPATION	Laborer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich
Physician
(Physician or midwife)

Address Burley Ida

Filed June 1 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 13 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. 249-123-016-432 St.

Registration District No. 117 File No. 102256

Hospital

Primary Registration District No. 2196 Registered No. 2289

FULL NAME OF CHILD Edward Smith

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— and —	—	Yes	May 23 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer A. Smith	Edrie McBride
RESIDENCE	Burley Ida.	Burley Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	26
BIRTHPLACE	Shelley, Ida.	Huntsville, Ut.
OCCUPATION	Laborer.	Home.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Barta

(Physician or midwife)

Address Burley, Ida.

Give names added from a supplemental report.

....., 19.....

Filed June 2 1922 D. J. C. Patterson

Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

JUN 22 1922

BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley, Ida.

No. 844-122-016-784 St. Registration District No. 117 File No. 102257

Hospital Primary Registration District No. 2496 Registered No. 2290

FULL NAME OF CHILD Philip K. Humphreys,
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— and —	—	Yes	May 22 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 3rd Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ed. R. Humphreys	FULL MAIDEN NAME	Mavis Lyman
RESIDENCE	Burley, Ida	RESIDENCE	Burley, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Millville, Ut.	BIRTHPLACE	Blackfoot, Ida
OCCUPATION	Salesman	OCCUPATION	Home.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. V. Barta
(Physician or midwife)

Address Burley, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 2 1922 D. J. C. Patterson
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Alameda }

Certificate No. 192257
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Humphreys (Name on original certificate) who born (Was born or died) on May 22, 1922 (Date of event)
in Hurley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Humphries	Humphreys
Name	Phillip	Philip K

Subscribed and sworn to before me this 8th
day of November, 19 41.

Anna L. Regan
Notary Public, residing at Oakland Calif.
My commission expires Aug. 11th 1945
[SEAL]

Signed Edward J. Humphreys Father
Mavis L. Humphreys Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19.

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JAN 15 1975

SEP 20 1954

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102258

County of Cassia

City of Burley

No. 413-208-016-03-2 St.

Registration District No. 117 File No.

Hospital

Primary Registration District No. 2196 Registered No. 2291

FULL NAME OF CHILD Gudella Macklin

(Certificate of no value without full name of child.)

Sex of Child Female | **Twin Triplet or other?** | **and Number in order of birth** (To be answered only in event of plural births) | **Legitimate?** Yes | **Date of birth** (Month) May (Day) 8 (Year) 1922

What bactericidal solution was used in eyes? 1 to 70 Argyrol (freshly prepared)

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Leroy William Macklin	**FULL MAIDEN NAME** Martha Jane Fletcher
RESIDENCE Burley Ida	**RESIDENCE** Burley Ida
COLOR White	**COLOR** White
AGE AT LAST BIRTHDAY 22 (Years)	**AGE AT LAST BIRTHDAY** 18 (Years)
BIRTHPLACE American Fork, Utah	**BIRTHPLACE** Lovell, Wyo.
OCCUPATION Common Labor	**OCCUPATION** Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 4:15 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) C. H. Rich

Physician
(Physician or midwife)

Address Burley, Idaho

Filed June 1 1922 Dr. J. C. Patterson
Registrar.

SEVERAL REASONS WH

E FILED FOR

JUL 21 ...
BUREAU OF VITAL STATISTICS
STATE ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .... Burley

Street .....

County ... Cassia.

File Number 102258

Registration Dist. No. .....

Date of Birth ..... May 8th 192.2

Sex of Child ..... Female

Father ... LeRoy Macklin (Full Name) Mother ... Martha F. Letcher (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

... Fidella Macklin ...
Child's Name in Full

... Flora Fletcher ...
Signature of Father or Mother

THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

613-206-016-697

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia RECEIVED 1922 VITAL STATISTICS

City of Burley

No. Shaddy St. Registration District No. 117 File No. 102259

Hospital Primary Registration District No. 2196 Registered No. 2292

FULL NAME OF CHILD Marie Viola Walter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	May 6 1922

What bactericidal solution was used in eyes? 10 To Argyrol freshly prepared

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George Walter	FULL MAIDEN NAME	May Viola Wixem
RESIDENCE	Fort Hall Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Fort Hall Ida	BIRTHPLACE	Cherran Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 9 35 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Rich
Physician
(Physician or midwife)

Address Burley Idaho

Filed June 1 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Weak

10

842-127-06-269

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St. .....

Hospital .....

RECEIVED
JUN 22 1922
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 102260

Primary Registration District No. 2196 Registered No. 2293

FULL NAME OF CHILD Wallis Wilburn Huston

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 27 1922

What bacteriocidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. A. Huston	FULL MAIDEN NAME	Marie Sweigart
RESIDENCE	Burley Idaho	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ohio
OCCUPATION	Salesman	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed June 2 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1943

466-231-016-799

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102261

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 117

Primary Registration District No. 2196

File No. ____

Registered No. 2294

FULL NAME OF CHILD VIRGINIA LEONE Downs.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	May 31 192[illegible]

What bacteriocidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. W. Downs.	FULL MAIDEN NAME	Vella Price
RESIDENCE	Burley. Ida.	RESIDENCE	Burley.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Baker.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) Dr. J. C. Patterson

Physician
(Physician or midwife)

Address Burley Ida

Filed June 2 192[illegible] Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 102261

County of San Joaquin } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Virginia Leone Downs (Name on Original Certificate) who was born (Was Born or Died) on May 31 - 1922 (Date of Event) in Burley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Parent (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Virginia Leone Downs

Subscribed and sworn to before me this 25 day of March, 1943

N. C. Schuster

Notary Public, residing at Tracy Calif.

My commission expires [illegible]

(Seal)

Signed Vella C. Downs mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

200 N.A. St. Tracy, Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of San Joaquin }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of March, 1943

N. C. Schuster

Notary Public, residing at Tracy Calif.

My commission expires My Commission Expires April 10, 1945

(Seal)

Signed Elizabeth McMillen ~~Vella C. Downs~~

(Signature of Any Credible Person Other Than Previous Year)

20717 - Mersereau - Rd - Hayward Calif

~~200 N. A. St. Tracy, Calif~~

(Street Address, City, State)

APR 12 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. 385-123-016-359 St.

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102262

Registration District No. 117

File No.

Hospital

Primary Registration District No. 2196

Registered No. 2295

FULL NAME OF CHILD Melvin John Cheney

Melvin John Cheney

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 23 1922

What bactericidal solution was used in eyes? Arg. Nos. 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Elijah S. Cheney	FULL MAIDEN NAME	Rosana Leachly
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 40 P. M. on the date above stated.

(Signature) F. H. Cutler M.D.

(Physician or midwife)

Address Burley Ida

Filed June 2 1922 Dr. J. C. Patterson

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem

Certificate No. 102262
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death)
for MELVIN John CHENEY (Name on original certificate) who WAS BORN (Was born or died) on MAY 23, 1922 (Date of event)
in BURLEY, IDAHO (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by CERTIFICATE OF BLESSING (Bible record, insurance policy, etc.) prepared on JULY 7, 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	John Cheney	Melvin J. Cheney

Subscribed and sworn to before me this 18th
day of October, 1941

Signed X Rosina B Cheney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Emmett Idaho

My commission expires Oct 25, 1944
[SEAL]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at

My commission expires
[SEAL]

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of

No. 613-108-016-243 St. Registration District No. 117 File No. 102263

Hospital Primary Registration District No. 2196 Registered No. 2296

FULL NAME OF CHILD Joseph William Waters
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 5 1922

What bactericidal solution was used in eyes? 1 % Nit.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joy Waters	FULL MAIDEN NAME	Pearl Butler
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	Hswf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

(Signature) F W Cutler

MD
(Physician or midwife)

Address Burley Idaho

Filed June 2 1922 Dr. J. C. Patterson
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

RECEIVED JUN 22 1922

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. 814-222-016-236 St.

Registration District No. 117

File No. 102264

Hospital

Primary Registration District No. 2196

Registered No. 2297

FULL NAME OF CHILD Donna May Hanks

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 2 1922

What bactericidal solution was used in eyes? Arg. No. 3 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Geo Wm. Hanks	FULL MAIDEN NAME	Zina E. Stone
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Burley
OCCUPATION	Farming	OCCUPATION	Hsef

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler

MD

(Physician or midwife)

Address Burley Ida

Filed June 2 1922 Dr. J. L. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

Name taken from Cert. of Blessing 7-11-44 PBA

JUL 12 1944

141-114-016-141

PLACE OF BIRTH

RE... JUN 2... 19... BUREAU ... STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Rupert

No. R.F.D. St.

Registration District No. ~~R~~ 117 File No. 102265

Hospital

Primary Registration District No. 2196 Registered No. 2298

FULL NAME OF CHILD Samuel Blaine Adams
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 14 1922

What bactericidal solution was used in eyes? Argyrol - 25%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lavere Adams	FULL MAIDEN NAME	Ada Genevieve Adams
RESIDENCE	R.F.D. Rupert, Cassia Co Idaho	RESIDENCE	R.F.D. Rupert, Cassia Co Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho

Filed June 1 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

491-116-016-716

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102266

County of Cassia

City of Burley

No. R#2 St.

Registration District No. 117 File No.

Hospital

Primary Registration District No. 2196 Registered No. 2299

FULL NAME OF CHILD Leonard Lee Draney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1		1	Yes	April 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Levi H. Draney	FULL MAIDEN NAME	Jessie Painter
RESIDENCE	Burley R#2	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	Hsfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Smith MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Burley Idaho

Filed June 14 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1942

135-113-016-466

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Declo

No. RR #1 St.

Registration District No. 117

File No. 102267

Hospital

Primary Registration District No. 2196

Registered No. 2300

FULL NAME OF CHILD Melvin Lee Alexander
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	1	Yes	April 13 1922

What bacteriecidal solution was used in eyes? Ag No3 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	James Alexander	FULL MAIDEN NAME	Mary L. Moffit
RESIDENCE	Declo Idaho RR1	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farm	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith M.D.
(Physician or midwife)

Address Burley Idaho

Filed June 14 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-225-016-363

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 102268

Primary Registration District No. 2196 Registered No. 2301

FULL NAME OF CHILD Elma Crane

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1 (To be answered only in event of plural births)	1	Yes	April 25 1922

What bactericidal solution was used in eyes? AgNO3 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Leroy E. Crane	FULL MAIDEN NAME	Mary Cottrell
RESIDENCE	Burley RR 2	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) G. E. Smith MD

(Physician or midwife)

Address Burley Idaho

Filed June 14 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1974

S23-120-016-663

PLACE OF BIRTH

RECEIVED
JUN 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. RFD 3 St.

Hospital

Registration District No. 117 File No. 102269

Primary Registration District No. 2196 Registered No. 2302

FULL NAME OF CHILD Lloyd Monroe Estep
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	1		1	Yes	May 20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sol Ag NO_3 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Wilburn Estep	FULL MAIDEN NAME	Emma C. Wolverton
RESIDENCE	Burley RFD 3	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	No. Carolina	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Smith MD
(Physician or midwife)

Address Burley Idaho

Filed June 14 1922 Dr. J. W. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-129-016-398

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. Miller Ave St.

Registration District No. 117 File No. 102270

Hospital

Primary Registration District No. 2196 Registered No. 2303.

FULL NAME OF CHILD Howard Cryder Parke

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	/	/	Yes	May 29 1922

What bactericidal solution was used in eyes? Sol Arg Nos 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Stephen D. Parke	FULL MAIDEN NAME	Ida Cryder
RESIDENCE	Burley	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Oregon
OCCUPATION	Newspaper Editor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Smith M.D.

(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 14 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the numbers of each, in order of birth stated.

6-27-41

MAR 2 1976

666-106-016-313

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102271

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

Hospital ..... Primary Registration District No. 2196 Registered No. 2266

FULL NAME OF CHILD Thelma Fowler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	May 6 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	C. Fowler	Myrtle Calloway
RESIDENCE	Burley.	Burley.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	27
BIRTHPLACE	Kansas.	Mo
OCCUPATION	Farming.	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Pattison
Physician
(Physician or midwife)

Address Burley Idaho

Filed May 6th 1922 Dr. J. C. Pattison
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1968

NOV 17 1971

MAR 23 1966

993-109-016-845

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102272

County of Cassia

City of Burley

No. R. 4 St.

Registration District No. 117 File No.

Hospital

Primary Registration District No. 2196 Registered No. 2267

FULL NAME OF CHILD Cyrus Grant Richins
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	May 9 192 7

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	W. A. Richins	FULL MAIDEN NAME	Lois Hunter
RESIDENCE	Burley R. 4	RESIDENCE	Burley R. 4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. E. Patterson
Physician
(Physician or midwife)

Address Burley Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed May 16 192 7 Dr. J. E. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ... 192..

r Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital import-
e to have the full name included in the record. Kindly fill in the information requested in the blank below
return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

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h

City ....Burley.....

Street .....

County ....Cassia.....

File Number .....102272.....

Registration Dist. No. .....

of Child.....Male.....

Date of Birth ..May 9.....192.2..

her William Alma Richins
Full Name

Mother Martha Delois Hunter
Full Maiden Name

EREBY CERTIFY that the child described herein has been named:

.....Cyrus Grant Richins.....
Child's Name in Full

.....Delois Richins.....
Signature of Father or Mother

OVER

LE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE

- - - - - - - - - - -

Birth registration is part of every child's birt

It establishes legally the date of the child's b
and legitimacy.

It enables the Public Health Nurse to make sur
been protected from danger of blindness and other infec

- - - - IT SHOWS AT LATER PERIODS OF LIFE: -

1. The correct age for purposes of school atten
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit proper
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Servi

pelled to furnish certified copies of certificates of b
portant that the certificates be filed with the BUREAU (
TICS and the same completed by furnishing the name of th

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR

291-108-016-351

PLACE OF BIRTH

Amended 5/17/79

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

CERTIFICATE OF BIRTH 102274

County of Cassia

City of Burley

No. ..... St. .....

Registration District No. 117 File No. .....

Hospital .....

Primary Registration District No. 2196 Registered No. 2269

FULL NAME OF CHILD Robert Letham Bradshaw

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	May 8 1922

What bacteriocidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	F. G. Bradshaw	FULL MAIDEN NAME	Florence Letham
RESIDENCE	Burley, Ida.	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Laborer.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Ida

Filed May 17 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
APR 10 3 58 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 102274
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Bradshaw (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 8, 1922 (Date of Event) in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Social Security & Insurance (Bible Record, Insurance Policy, Etc.) prepared on 10-2-39 & 1-8-41 respectively (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Robert Latham Bradshaw

Subscribed and sworn to before me this 3rd day of April, 19 79

Harold Henderson

Notary Public, residing at Hoquiam, Washington
My commission expires 8-30-1981
(Seal)

Signed Robert Latham Bradshaw
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 3/25/77

Social Secuirty Act. no. 720-03-5116 gives name as Robert Latham Bradshaw dated 10-2-39. viewed byV S

XXXX

MAY 17 1979

Application for National Service Life Insurance gives name as Robert Latham Bradshaw. born May 8, 1922 at Burley, Idaho. dated Jan 8, 1941. viewed by VS

212-11-016-632

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

County of Cassia
City of Burley
No. ..... St. .....
Hospital .....
Registration District No. 117
Primary Registration District No. 2196
File No. 102276
Registered No. 2271

FULL NAME OF CHILD Mary Jane Baker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	May 11 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	J. O. Baker	FULL MAIDEN NAME	Betty Olsen
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Mo.	BIRTHPLACE	Nef.
OCCUPATION	Mechanic.	OCCUPATION	Hsfe.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed May 18 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 160 nt normal

County: Cassia

File Number: 102276

Registration Dist. No.:

Date of Birth: May 11 1922

Sex of Child: Male

Father: James Oliver Baker (Full Name)

Mother: Betty Gibson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mayor James Baker (Child's Name in Full)

Mrs J. C. [redacted] (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

656-17-016-254

PLACE OF BIRTH

JUN 22 192[illegible]

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102277

County of Cassia

City of Burley

No. ____ St.

Hospital

Registration District No. 117

Primary Registration District No. 2196

File No.

Registered No. 2277

FULL NAME OF CHILD Leslie Harold Fewkes.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		Yes.	May 17 1927

What bacteriolidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	L. R. Fewkes.	FULL MAIDEN NAME	Mae Alice Sides
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah.	BIRTHPLACE	Neb.
OCCUPATION	Farming.	OCCUPATION	Nofa

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dr. J. L. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed May 22 1927 Dr. J. L. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 3 1942

498-121-016-498

PLACE OF BIRTH

RECEIVED JUN 23 1927 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102278

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. .....

Registered No. 2213

FULL NAME OF CHILD Chujoo Miya

(Certificate of no value without full name of child.)

Sex of Child: Male

Twin, Triplet or other? and Number in order of birth? (To be answered only in event of plural births)

Legitimate? Yes.

Date of birth: May 21 (Month) (Day) 192x

What bacteriecidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth: 2

Number of child of this mother now living, including present birth: 2

FATHER		MOTHER	
FULL NAME	K. Miya	FULL MAIDEN NAME	Yasuo Miya
RESIDENCE	Burley Idaho	RESIDENCE	Same
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Japan.	BIRTHPLACE	Japan.
OCCUPATION	Farming.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Filed May 22 192x Dr. J. C. Patterson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-217-016-766

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102280

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

County of Cassia
City of Burley
No. ..... St.
Hospital
Registration District No. 117
Primary Registration District No. 2196
File No.
Registered No. 2275

FULL NAME OF CHILD Lamona Sleight
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	May 17 1922

What bacteriecidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. O. Sleight	FULL MAIDEN NAME	Gussie Goochey
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed May 12 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 11 1959

JAN 27 1976

AUG 21 1942

261-163-016-455

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102281

County of Cassia

City of Burley

No. ____ St.

Registration District No. 117

File No. ____

Hospital ____

Primary Registration District No. 2196

Registered No. 2276

FULL NAME OF CHILD Jack Boaz Boatman

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	May 13 192 2

What bacteriocidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	H. R. Boatman	FULL MAIDEN NAME	Eurena Mangen
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Kansas.
OCCUPATION	Laborer	OCCUPATION	Hsfe.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed May 23 192 2 Dr. J. C. Patterson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Kinsley

Street: Albion

County: Cassia

File Number: 102281

Registration Dist. No.:

Date of Birth: May 13th 1922

Sex of Child: Male

Father: Hyrum Riego Boatman (Full Name)

Mother: Eunice Laverne (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jack Riego Boatman (Child's Name in Full)

H. R. Boatman. (Signature of Father or Mother)

FURNISHED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-

lled to furnish certified copies of certificates of birth, it is im-
rtant that the certificates be filed with the BUREAU OF VITAL STATIS-
CS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

812-219-016-635

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102282

County of Cassia

City of Burley

No. 812-219-016-635 St.

Registration District No. 117 File No.

Hospital

Primary Registration District No. 2196 Registered No. 2277

FULL NAME OF CHILD Minerva Haskett
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 19 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	P. P. Haskett	FULL MAIDEN NAME	Inez Fletcher
RESIDENCE	Burley Ida	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Indiana	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Hsfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed May 24 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Provo

Street: Main

County: Cassia

File Number: 102282

Registration Dist. No.:

Date of Birth: May 17 1922

Sex of Child: Female

Father: Parley Haskett
Full Name

Mother: Dora Fletcher
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Minerva Haskett
Child's Name in Full

Dora Fletcher
Signature of Father or Mother

[illegible] AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

812-119-016-842

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102283

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 2278

FULL NAME OF CHILD Kenneth J. Hastings

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 19 1922

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	G. D. Hastings	FULL MAIDEN NAME	Hannah Hutchinson
RESIDENCE	Burley, Ida	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. J. C. Patterson

Physician (Physician or midwife)

Address Burley Idaho

Filed May 24 1922 Dr. J. C. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ...Burley... File Number ...102283...

Street ...[illegible]...

Registration Dist. No. .....

County .....

Date of Birth ...May 17...192.2

Sex of Child ...Male...

Father ...[illegible]... Mother ...Hannah Hutchison...

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

...Kenneth J. Hastings...

Child's Name in Full

...Hannah Hastings...

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHIL

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parents and legitimacy.

It enables the Public Health Nurse to make sure the child h been protected from danger of blindness and other infections at birt

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are co pelled to furnish certified copies of certificates of birth, it is i portant that the certificates be filed with the BUREAU OF VITAL STAT TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

698-115-016-269

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102284

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 17 File No. .....

Primary Registration District No. 2196 Registered No. 2279

FULL NAME OF CHILD Leo Edmund Orahood

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	May 15 1922

What bacteriecidal solution was used in eyes? Silver Nitrate

Number of child of this mother including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	R. E. Orahood	FULL MAIDEN NAME Estella Maud Boren
RESIDENCE	Burley Ida.	Burley.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Mont.	Idaho
OCCUPATION	Laborer	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. J. C. Patterson Physician

(Physician or midwife)

Address Burley Idaho

Filed May 24 1922 Dr. J. C. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS [illegible] FICATE

[illegible]

DELAYED

Dup of 22-404626

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 819 7th St

County: Cassia

File Number: 102284

Registration Dist. No.: 3rd

Date of Birth: May 15th 1922

Sex of Child: Male

Father: Roy Edmond Prahood (Full Name)

Mother: Estella Maud Borens (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leo Edmond Prahood

Child's Name in Full

R. E. Prahood

Signature of Father or Mother

THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Dup of 1922-40464

719-218-016-266

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102285

JUN 22 1927
BUREAU OF VITAL STATISTICS

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 2280

FULL NAME OF CHILD Wilma B Garrard
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	May 18 1927

What bacteriocidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	L R Garrard	FULL MAIDEN NAME	Blanche Bowcutt
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farming	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 24 1927 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1943

Amended 10-6-58

PLACE OF BIRTH

319-118-016-219

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 102286

Primary Registration District No. 2196 Registered No. 2281

FULL NAME OF CHILD Robert Sidney Larsen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 18, 1922

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Sidney Alma Larsen	FULL MAIDEN NAME: Mary Alta Bailey
RESIDENCE: Burley - R.2	RESIDENCE: Burley - R.2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farming	OCCUPATION: Hsfe.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

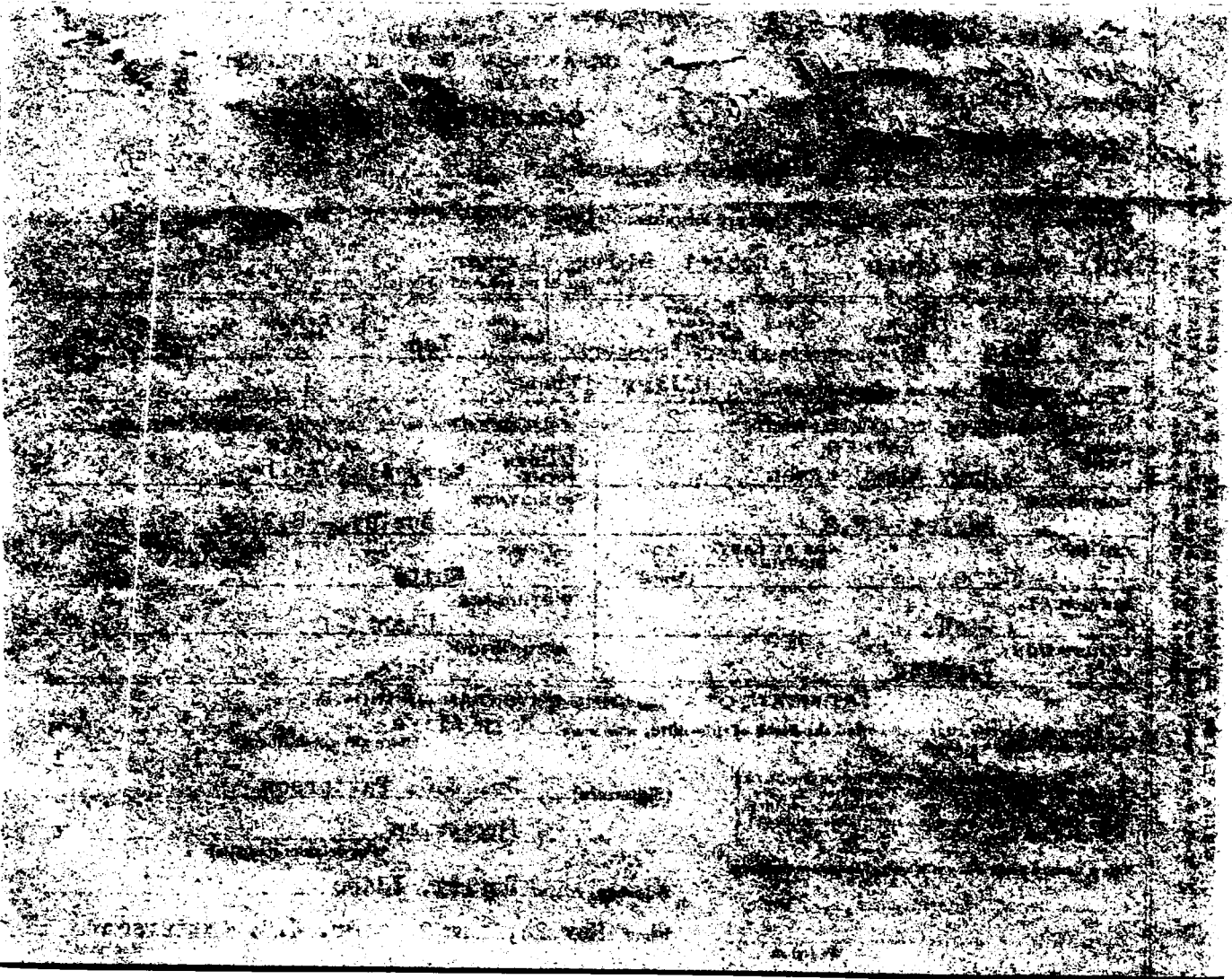
(Signature) Dr. J.C. Patterson

Physician
(Physician or midwife)

Address Burley, Idaho

Filed May 24, 1922 Dr. J.C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Cert. of Blessing, August 6, 1922, gives correct Child's and Mother's Names - viewed by V.S. and Cert. of Bap. & Conf. of Lamar Glenn Larsen gives correct Father's Name viewed by V.S. Father's Social Security Card - 518-07-1646-viewed by V.S. Another Child's Birth Cert. #125933 gives correct Mother's Name viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss. Burley, Idaho-High School Diploma May 22, 1940 viewed by V.S.

Certificate No. 102286

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Larson (Name on Original Certificate) who born (Was Born or Died) on May 18, 1922 (Date of Event) in Burley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Christian Record (Bible Record, Insurance Policy, Etc.) prepared on August 26, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Larson	Robert Sidney Larsen
Father's Name	S. A. Larson	✓ Sidney Alma Larsen
Mother's Name	Alta Bailey	✓ Mary Alta Bailey

Subscribed and sworn to before me this 29 day of August, 1958.

Herman E. Bedke
Notary Public, residing at Burley, Idaho
My commission expires 6-13-61
(Seal)

Signed Mary Alta Larsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of August, 1958.

Herman E. Bedke
Notary Public, residing at Burley, Idaho
My commission expires 6-13-61
(Seal)

Signed Sarah Elizabeth Fawkes
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155

NNCL 1-30-58 1 copy paid

795 - 123 - 016

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Registration District No. 117 File No. 10228 7

Hospital ____ Primary Registration District No. 2196 Registered No. 2282

FULL NAME OF CHILD Ralph Edward Pierce

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 23 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	W. L. Pierce	FULL MAIDEN NAME	Louise Fronk.
RESIDENCE	Burley, Ida.	RESIDENCE	Burley.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Farming	OCCUPATION	State.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Filed May 24 1922 Dr. J. C. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1958

JUN 1 1 1943

384-121-016 — PLACE OF BIRTH

RECEIVED
JUN 22 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. .....

File No. 102288

Hospital .....

Primary Registration District No. .....

Registered No. 2283

FULL NAME OF CHILD Thomas Church

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes.	May 21 192

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	R. J. Church	FULL MAIDEN NAME	Sarah Kent
RESIDENCE	Burley Ida	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

Filed May 24 192 Dr. J. C. Patterson
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 14 [illegible]

FEB 25 1975

415-220-016-791

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

JUN 2[illegible] 192[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 102289

Primary Registration District No. 2196 Registered No. 2284

FULL NAME OF CHILD Mary Elizabeth Daven

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 20 192[illegible]

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Henry Daven	FULL MAIDEN NAME	Hattie Graham
RESIDENCE	Burley.	RESIDENCE	Burley.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ill.	BIRTHPLACE	Ohio.
OCCUPATION	Stockman	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed June 1 192[illegible] Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1975

MAY 27 1953

762-224-06-419

PLACE OF BIRTH name added 11/14/79

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 117 File No. 102290

Primary Registration District No. 2196 Registered No. 2285

FULL NAME OF CHILD Jean Posey.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	May 24 192 2

What bacteriolidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Earl L. Posey.	FULL MAIDEN NAME	Luen Martin
RESIDENCE	Burley R. F. D.	RESIDENCE	Burley.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farming.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a. M.
(Born alive or stillborn)
on the date above stated.

(Signature) J. C. Patterson M. D.
(Physician or midwife)

Address Burley Idaho.

Filed June 1 192 2 J. C. Patterson
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 6 1960

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 102290
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Posey (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 24, 1922 (Date of Event)

in Burley, ID (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Jean Posey

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Jean M Carmilla
Signature of Applicant

BX 484 ROCKLIN CA
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

in office 10/26/79

_____
Supporting Signature

_____
Street Address, City, State

I Graduated H 1939

Social Secuirty card 518-20-7719 gives name as Jean Maravilla of California.
viewed by V. S.

NOV 1 4 1979

son's birth certif on file in Idaho gives name as Glenda Jean Posey.
boy's nameas Keith Martin Elquist. born June 26, 1942. #351 658. viewed by V. S.

465-225-016-299

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1927
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 102291

Registered No. 2286

FULL NAME OF CHILD Janice [redacted] McDonald

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	and	3	Yes.	May 25 1927

What bacteriedal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	J B McDonald	Letha McBride
RESIDENCE	Burley, Ida.	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Utah.	Idaho.
OCCUPATION	Laborer.	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Pattinson
Physician
(Physician or midwife)

Address Burley Idaho

Filed June 1 1927 Dr. J. C. Pattinson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-107-016-913

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102292

County of Cassia

City of Burley

No. 436 N Elba St.

Registration District No. 117

File No.

Hospital

Primary Registration District No. 2196

Registered No. 2287

FULL NAME OF CHILD Harvey Elliot Wright
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 7 1922

What bactericidal solution was used in eyes? Argyrol 10% - prepared at time of confinement

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 7

FATHER

FULL NAME: Lee Addison Wright

RESIDENCE: Burley

COLOR: White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE: Jackson Co. Kansas

OCCUPATION: Salesman

MOTHER

FULL MAIDEN NAME: Ethel Lisonde Rathbone

RESIDENCE: Burley, Idaho

COLOR: White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE: Morris Co. Kansas

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dorothy Rich

Physician
(Physician or midwife)

Address Burley Idaho

Filed June 1 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-231-016-449

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion Registration District No. 119 File No. 102293

No. ..... St.

Hospital At home Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD MARY Alice King

Sex of Child Female | Twin, Triplet or other? ( ) and Number in order of birth ( ) (To be answered only in event of plural births) | Legitimate? yes | Date of Birth May 31 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Sam King	FULL MAIDEN NAME Lena Murphy
RESIDENCE Albion Idaho	RESIDENCE Albion Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Lexington Kentucky	BIRTHPLACE Indiana
OCCUPATION Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Salen M. D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 1 1922 C. I. Salen

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED AUG 8 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Albion

Street:

County: Cassia

File Number: 102293

Registration Dist. No.:

Date of Birth: ~~June~~ May 31 192 2

Sex of Child: Female

Father: Isaac King (Full Name)

Mother: Lina Murphy (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alice King (Child's Name in Full)

Isaac King (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

699-131-016-454

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital at home

Registration District No. 119

File No. 102294

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD William DON Frees

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	May 31 1922

FATHER

FULL NAME Charley Frees

RESIDENCE Albion Idaho

COLOR White AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Missouri

OCCUPATION Veterinarian

MOTHER

FULL MAIDEN NAME Carrie Dorman Teaw

RESIDENCE Albion Idaho

COLOR White AGE AT LAST BIRTHDAY 48 (Years)

BIRTHPLACE Kansas

OCCUPATION Home wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:35 P. M. on the date above stated.

(Signature) C. F. Slater M.D.

(Physician or Midwife)

Address Malta Idaho

Filed June 1 1922 C. F. Slater Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

...ENT OF PUBLIC WELFARE

JUL 13 1927

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Albion

Street: Idaho

County: Cassia

File Number: 102294

Registration Dist. No. .....

Date of Birth: May 31 1927

Sex of Child: Male

Father: Charles H. Fries (Full Name)

Mother: Carrie Wenrantan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William Fries (Child's Name in Full)

Charles H. Fries (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 102294

Date Filed JUN 1 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for None (Name on Original Certificate) who was born (Was Born or Died) on May 31, 1927 (Date of Event)
in Albion Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	William Don Fries

Subscribed and sworn to before me this 28th
day of May, 1942

Notary Public, residing at Albion, Idaho
My commission expires Jan. 10, 1943
(Seal)

Signed Carrie Fries
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Albion Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of May, 1942

Notary Public, residing at Albion, Idaho
My commission expires Jan. 10, 1943
(Seal)

Signed Charles C. Fries.
(Signature of Any Credible Person Other Than Previous Year)

Albion, Idaho
(Street Address, City, State)

JUN 3 1942

AUG 11 1952

619-111-016-446

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Almo

No. ..... St.

Hospital at home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 102295

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Orville Welton Ward

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	May 11 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orville Welton Ward	FULL MAIDEN NAME	Nancy Lerona Durfee
RESIDENCE	Almo Idaho	RESIDENCE	Almo Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Almo Idaho	BIRTHPLACE	Willard Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Satin M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malta Idaho

Filed June 1 1922 C J Satin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED AUG 4 1921 BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 1 3 1921 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Almo

Place of Birth — Street:

Place of Birth — County: Cassia

File Number: 102295

Registration Dist. No.: 14

Sex of Child: Male

Date of Birth: May 11 192 2

Father: Orville Welton Ward (Full Name)

Mother: Nancy Verona Ward (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Orville Welton Ward
Child's Name in Full

Orville W. Ward
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

318-113-016-255

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

File No. 102296

County of Cassia

City of Malta

No. ..... St. ..... Registration District No. 119

Hospital At home

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	May 17 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Winslow Robert Taylor	Lizzie L Bennett
RESIDENCE	Malta Idaho	Malta Idaho ~~Cedar Point Utah~~
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Elba Idaho	Cedar Point Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

(Signature) C I Salen MD

(Physician or midwife)

Address Malta Idaho

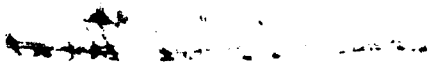
Filed June 1 1922 C I Salen Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar



249-106-016-363

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Cassia

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Heglar

Registration District No. 114

File No. 102297

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital At home

FULL NAME OF CHILD Eugene Kenneth Burns

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	—	—	yes	May	6	1922

FATHER		MOTHER	
FULL NAME	Fred E. Burns	FULL MAIDEN NAME	Alice M. Cochran
RESIDENCE	~~California~~ Heglar, Idaho	RESIDENCE	Heglar Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	California	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Salen M.D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed June 1 1922 C I Salen

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

RECEIVED AUG 1 1922

JUL 1 3 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Heglar

Street: .....

County: Cassia

File Number: 102297

Registration Dist. No.: 6

Date of Birth: May 6 1922

Sex of Child: Male

Father: Fred E. Burns
Full Name

Mother: Alice M. Cochran
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Eugene Kenneth Burns
Child's Name in Full

Alice M. Burns
Signature of Father or Mother

MAY 2 7 1975

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

619-218-016-695

Form V.-S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

Registration District No. 119 File No. 102298

No. ____ St.

Hospital At home

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Elouise Ellen Ward

Sex of Child	Twin / Triplet or other? — (To be answered only in event of plural births)	and	Number in order of birth —	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Apr 18 1922

FATHER		MOTHER	
FULL NAME	George Osmar Ward	FULL MAIDEN NAME	Florence L. Winder
RESIDENCE	Malta Idaho	RESIDENCE	Malta, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Elba, Idaho.	BIRTHPLACE	Desert Lake Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:40 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Slater M.D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed June 1 1922 C F Slater

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

DEPARTMENT OF FI / ...NE

Boise, Idaho, ...192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Malta Idaho
- Street: .....
- County: Cassia Co.

File Number: 102298

Registration Dist. No. .....

Sex of Child: Female girl

Date of Birth: April 18 1922

Father: George O. Ward
Full Name

Mother: Mrs Florence Ward
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

~~Ellen~~ Elowise Ellen Ward
Child's Name in Full

Mrs Florence Ward
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

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It establishes legally the date of the child's birth, parentage and legitimacy.

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

[redacted] 415-204-017-219

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 22 1922
BUREAU OF VITAL STATISTICS

County of Clark

City of Spencer PO Registration District No. 125 File No. 102312

No. ..... St.

Hospital Home Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Grace Vernon Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 4 1922

FATHER		MOTHER	
FULL NAME	Howard M Davis	FULL MAIDEN NAME	Minnie S Barry
RESIDENCE	Spencer PO	RESIDENCE	Spencer PO
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones MD
(Physician or midwife)

Address Dubois Idaho

Filed May 4 1922 C E Jones MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 1924
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

JUL 5

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Spencer

Street: .....

County: Clark

File Number: 102312

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 4 192 2

Father: Howard Milton Davis (Full Name)

Mother: Minnie Sarah Barry (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Grace Vivien Davis
Child's Name in Full

Minnie L. Davis
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MAR 28 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

County of [redacted]

City of Orkean

No. 395-103-018-912 St.

Registration No. 90

File No. 102313

Primary Registration District No. 2168

Registered No. 19

Hospital

FULL NAME OF CHILD Oscar Wayne Lind

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	Mar 3 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul A Lind	FULL MAIDEN NAME	Edith Raby
RESIDENCE	Tekoa Ida	RESIDENCE	Tekoa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eli N Horswell (Physician or midwife)

Given names added from a supplemental report.

Address Orofino Id.

19

Filed June 1 1922 J M Fairley Registrar

Registrar

S-Y-CO 38071

DEC 28 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102314

County of Clearwater

City of Orofino

No. 355-206/018-451 St.

Registration District No. 90

File No.

Primary Registration District No. 2168

Registered No. 20

Hospital

FULL NAME OF CHILD Georgia Dean Lee

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	Mar 6 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo Richard Lee	FULL MAIDEN NAME	Ora Dean
RESIDENCE	Orofino	RESIDENCE	Orofino Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	W. Va.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erik W Horswell (Physician or midwife)

Given names added from a supplemental report.

Address Orofino Idaho

19

Filed June 1 1922

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 22 19[illegible] BUREAU [illegible] ST 4[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Clearwater

City of Russell

No. 958-202-018-918 St.

Registration District No. 90

File No. 102315

Primary Registration District No. 5168

Registered No. 21

Hospital

FULL NAME OF CHILD Myrtle Irene McReynolds

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth April 2 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph H. McReynolds	FULL MAIDEN NAME	Nellie Elizabeth Ray
RESIDENCE	Russell, Ida	RESIDENCE	Russell, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ills.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Orofino Idaho

Registrar

Filed June 1 1922

J. M. Fairly Registrar

NOV 10 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. 366-105-018-319 St.

Hospital

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

Registration District No. 90

Primary Registration District No. 2168

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

File No. 102316

Registered No. 22

FULL NAME OF CHILD Irvin Eugene Cook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 5 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert B. Cook	FULL MAIDEN NAME	Olga E. Carlson
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Minn
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ✓ M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Faile

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Orofino Idaho

19

Filed May 28 1922 J. M. Faile

Registrar

Registrar

MAY 1 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. 435-207-018-718 St.

Hospital

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 90

File No. 102317

Primary Registration District No. 2168

Registered No. 23

FULL NAME OF CHILD Betty Lee McEachran

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth May 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles W. McEachran	FULL MAIDEN NAME	Doris H. Fay
RESIDENCE	Orofino Idaho	RESIDENCE	Orofino Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Mont
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairley

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Orofino Idaho

19

Registrar

Filed May 8 1922 J. M. Fairley Registrar

JAN 15 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clearwater

City of Grangemont

466-108-018-259

No. ..... St.

Hospital .....

RECEIVED JUN 30 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 90

File No. 102318

Primary Registration District No. 2168

Registered No. 24

FULL NAME OF CHILD Loren King Movers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 8 1922

FATHER		MOTHER	
FULL NAME	King E. Movers	FULL MAIDEN NAME	Hazel I. Berg
RESIDENCE	Grangemont Ida	RESIDENCE	Grangemont Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Dana, Calif.	BIRTHPLACE	Spokane, Wn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Idaho

..... Registrar

Filed May 9 1922 J. M. Fairly Registrar

DEC 2 0 1944

JUN 2 9 1942

3/13/41 Z.J.

356-212-018-342

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

RECEIVED JUN 2 19 BUREAU OF STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Registration District No. 90

File No. 102319

Primary Registration District No. 2168

Registered No. 25

Hospital

FULL NAME OF CHILD Cora May Leonard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	Yes	May 12 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Leonard	FULL MAIDEN NAME	Ines Center
RESIDENCE	Orofino Idaho	RESIDENCE	Orofino Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric W. Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

Filed June 1 1922 J. W. Finley Registrar

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

415-215-018-413

PLACE OF BIRTH

RECEIVED JUN 22 BUREAU STATE

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Clearwater

City of Grangemont

Registration District No. 90

File No. 102320

No. ..... St.

Primary Registration District No. 2168

Registered No. 26

Hospital .....

FULL NAME OF CHILD Harriet Amanda Danner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	6/15 22 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Warren O. Danner	FULL MAIDEN NAME	Ethel Macland
RESIDENCE	Grangemont	RESIDENCE	Grangemont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Wash
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eula W. Horswick (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Idaho

..... Registrar

Filed June 1 1922 J. M. Faith Registrar

MARGIN RESERVED FOR ...

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

353-123-018-263

Form V. S. No. 11-C—25m-9-8-15

RECEIVED JUN 23 192[illegible] BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90

File No. 102321

No. _____ St.

Primary Registration District No. 2168

Registered No. 27

Hospital _____

FULL NAME OF CHILD Darrell Wayne Peter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	May 23 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Emmett Peter	FULL MAIDEN NAME	Viviana Bolon
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	W. Va.	BIRTHPLACE	Wash.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle W. Horswell

Orofino Ida (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed June 1 1922 J. M. Fairley Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 4 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. 391-128-018-297 St.

Hospital

RECEIVED JUN 22 192

BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 90

File No. 102323

Primary Registration District No. 2168

Registered No. 24

FULL NAME OF CHILD Theodore Roosevelt Crabb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 28 1922

FATHER		MOTHER	
FULL NAME	Jarrett Crabb	FULL MAIDEN NAME	Stella Light
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Oregon	BIRTHPLACE	Minn
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Family

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Orofino Idaho

19

Registrar

Filed May 28 1922 J. M. Family
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS. RECEIVED
COUNTY OF Clearwater)

AFFIDAVITS FOR CORRECTION OF A RECORD

102323

Stella Crabb of Orofino, Idaho

Being first duly sworn, deposes and says that she is mother
(if related, specify degree,

of Theodore Roosevelt Crabb
if friend or otherwise, so state)

who was born in the city of Orofino, County of Clearwater
(was born, died)

on the 28th day of May, 19 22, as stated in a certificate of Birth
birth or

filed by J. M. Fairly, M.D.
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Orofino, County of Clearwater

Idaho, on the 28th day of May 19 22.

That the following facts set forth in said certificate are not correctly

stated therein, to wit: Birth place of Mother: Minnesota

Father's Full Name: Jarrett Crabb

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Birth Place of Mother: Minnesota

Father's Full Name: Jarrett Crabb

Affiant Stella Crabb

(SEAL)

Address Orofino Idaho

AUG 14 1940

Subscribed and sworn to before me this ____ day of ____ 19__

Joseph Kaufman Auditor

Notary Public

Clearwater County, Idaho

Deputy

Clearwater County, Idaho

STATE OF ____)
) SS. SUPPORTING AFFIDAVIT
COUNTY OF ____)

John B. Right of Orofino Idaho

being first duly sworn, deposes and says that he has knowledge of the facts

hereinbefore alleged and that the said facts as stated are true.

Affiant John B. Right

Address Orofino Idaho

AUG 14 1940

Subscribed and sworn to before me this ____ day of ____ 19__

Joseph Kaufman Auditor

(Seal)

Notary Public

Clearwater County, Idaho

Deputy

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUN 30 19[illegible] BUREAU OF VITAL STATISTICS

County of Clearwater

City of Weippe

Registration District No. 10

File No. 102324

No. ..... St.

Primary Registration District No. 2168

Registered No. 28

Hospital .....

FULL NAME OF CHILD Xavier Edmund Durant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	May 11 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Xavier Durant	FULL MAIDEN NAME	Nellie Gertrude Sellow
RESIDENCE	Weippe Ida	RESIDENCE	Weippe, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Rensselear, Ind.	BIRTHPLACE	Moscow, Ida.
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at — M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs A. S. Warner

Nurse (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weippe

Registrar

Filed June 20 1922

Idaho Registrar

Dup of 1922 - 102322

NOT

544-223-018-169

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 10 1922 PUBLIC HEALTH

CERTIFICATE OF BIRTH

County of Clearwater

City of Kamiah - Idaho

Registration District No. 90

File No. 102327

No. ..... St.

Primary Registration District No. 2168

Registered No. 33

Hospital .....

FULL NAME OF CHILD Beverley Patricks Edmonson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
				Yes	Apr 23 1922

FATHER		MOTHER	
FULL NAME	Harry Jame Edmonson	FULL MAIDEN NAME	Sallay Hassey Jordan
RESIDENCE	Kamiah, Ida	RESIDENCE	Kamiah Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	?
BIRTHPLACE	Columbus Ohio	BIRTHPLACE	Job Co. Va
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at Kamiah
(Born alive or stillborn)
on the date above stated.

(Signature) Mrs Amanda Jordan

(Physician or midwife)

Address Kamiah Idaho

Filed June 30 1922 J M Gaule
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-203-018-819

RECEIVED
JUL 10 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Weippe - Ida

Registration District No. 90 File No. 102328

No. ..... St.

Primary Registration District No. 7168 Registered No. 34

Hospital .....

FULL NAME OF CHILD Betty Louise Jacobson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 3 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Joacim Wesley Jacobson	FULL MAIDEN NAME	Maud Lillian Hart
RESIDENCE	Weippe - Ida	RESIDENCE	Weippe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Milnor N. Dok	BIRTHPLACE	Niwot Colo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at Weippe M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs A. S. Warner

Nurse (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Weippe - Ida

Filed June 30 1922

J. McFarley
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

651-105-018-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90

File No. 3402331

No. ..... St.

Primary Registration District No. 2168

Registered No. .....

Hospital .....

FULL NAME OF CHILD Orin Earle Weaver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 5 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Weaver	FULL MAIDEN NAME	Constance Prewitt
RESIDENCE	Pierce Idaho	RESIDENCE	Pierce
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Yes (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle N Horswell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Idaho

Filed July 1 1922 J. M. Fairly

Registrar

Registrar

S-Y-CO 38071

MAR 2 6 1974

281-22-5-018-243

Amended Nov. 15, 1963 (Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 102332
Local Reg. No.
Reg. Dist. No. 90

1. PLACE OF BIRTH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Helen
b. (Middle): Mary
c. (Last): Shawley

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) June (Day) 25, (Year) 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Chas.
b. (Middle): F.
c. (Last): Shawley

8. COLOR OR RACE: White

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Pearl
b. (Middle):
c. (Last): Button

13. COLOR OR RACE: White

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Wis.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E. W. Horswill

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Orofino, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 7-1-1922

20. REGISTRAR'S SIGNATURE: J. M. Fairly

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG. | 22b. WEIGHT AT BIRTH | 23

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery:

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED NOV 6 1963

State of Oregon
County of Linn } ss.

Certificate No. 102332

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Helen Mary Shawley (Name on Originaf Certificate) Who was born (Was Born or Died) on June 15, 1922 (Date of Event)
in Orofino, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School & church (Bible Record, Insurance Policy, Etc.) prepared on 10-23-63 & 12-17-22 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	June 15, 1922	June 25, 1922

Subscribed and sworn to before me this 4th day of November, 1963

Notary Public, residing at Shedd, Ore
My commission expires 4-3-66
(Seal)

Signed Pearle S Clark (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Brownsville Oregon P.O. 761
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 10-11-63. nm

Cradle Roll Certificate for Helen Mary Shawley gives her date of birth as June 25, 1922. Dated Dec 17, 1922. viewed by V.S.

Statement by Michael L. Cassetto, Dist. Supt. School Dist. 171, Orofino, Idaho states that school records give Helen Shawley's birthdate as June 25, 1922. viewed by V.S.

454-219-018-632

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 10 192
BUREAU OF VITAL STATISTICS

County of Clearwater

City of Pierce

No. ..... St.

Hospital .....

Registration District No. 90

File No. 102333

Primary Registration District No. 2168

Registered No. 39 (39)

FULL NAME OF CHILD Ester Roberta Dennison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	6/19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Guy Dennison	FULL MAIDEN NAME	Ester Olson
RESIDENCE	Pierce Ida	RESIDENCE	Pierce
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Penn.
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida.

Filed July 1 1922 J. M. Family Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-101-018-281

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

RECEIVED
JUL 10 1922
BUREAU OF VI[redacted]
STA[redacted]

[redacted]AHO
[redacted]TATISTICS
[redacted] BIRTH

Registration District [redacted] File No. 102334

Primary Registration [redacted]2168 Registered No. 40

FULL NAME OF CHILD Rex William Delaney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 1 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Delaney	FULL MAIDEN NAME	Hulda Shawley
RESIDENCE	Orofino, Idaho	RESIDENCE	Orofino, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James M. Fairly
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Orofino

Filed June 1 1922 J. M. Fairly
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-214-018-413 last name amend 5-15-84 dl

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

102335

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90 File No. .....

Primary Registration District No. 2168 Registered No. 41

FULL NAME OF CHILD June Lavern ~~Shubach~~ Schubach

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Julius R O ~~Shubach~~ Schubach	FULL MAIDEN NAME	Florence Matson
RESIDENCE	Orofino	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	Ills.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19..

Registrar

Address Orofino Idaho

Filed June 15 1922 J M Fairly Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1984

5-3-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 14 9 17 AM '84

State of Idaho
County of Benewah } ss.

Certificate No. 102335
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for June Lavern Shubach (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 14, 1922 (Date of Event)

in Orofino (Clearwater) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs last name	Shubach	Schubach
fathers last name	Shubach	Schubach

Subscribed and sworn to before me this 11th day of May, 1984

Notary Public, Kay A Bowen

Residing at St Maries Id

My commission expires Life Time

(Seal)

X June Schubach Pomerinke
Signature of Applicant

X R.4, Bx. 76, St. Maries, Id.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Benewah } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of May, 1984

Notary Public, Kay A Bowen

Residing at St Maries Id

My commission expires Life Time

(Seal)

Floyd Pomerinke
Supporting Signature

R.4, Bx. 76, St. Maries, Id
Street Address, City, State

1 cc pd

Public School Diploma lists June Schubach graduated from Elementary Schhol on June 3, 1936. Viewed by V.S.

MAY 15 1984

County Commissioner Card lists Julius Schubach, Jr. as County Commissioner in Second District. Dated Aug 8, 1938 Viewed by V.S.

693-222-018-141

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 20

File No. 102336

No. ..... St.

Primary Registration District No. 2168

Registered No. 42

Hospital .....

FULL NAME OF CHILD Olive Eloise Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 22, 1922

	FATHER	MOTHER
FULL NAME	George Nelson	FULL MAIDEN NAME Ida Adams
RESIDENCE	Orofino	RESIDENCE Orofino
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE So Dak.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) J. M. Fairley

Physician

(Physician or midwife)

Address Orofino Idaho

Filed June 22 1922

J. M. Fairley
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 24 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUL 13 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Orofino Idaho

Street: .....

County: Clearwater.

File Number ..... 102336 .....

Registration Dist. No. ..... 70 .....

Sex of Child ..... Female .....

Date of Birth June 22 .....192.2

Father George. Wesley Wilson (Full Name) Mother Ida. Belle. Adams. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Olive Eloise Wilson

Child's Name in Full

George. W. Wilson

Signature of Father or Mother

Family Attending Physician

Y18

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
[L]ED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage-legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

238-105-018-162

RECEIVED
JUL 10 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90 File No. 102337

No. ____ St.

Primary Registration District No. 2168 Registered No. 43

Hospital ____

FULL NAME OF CHILD Ross, Schneider

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Twin	1	Yes,	June 5 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sam Schneider	Arline Lobe
RESIDENCE	Orofino	Orofino
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Kansas	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Sam Schneider
Farmer
(Physician or midwife)

Address Orofino Ida

Filed June 5 19 22 Jos Daub
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-105-018-162

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 10 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90 File No. 102338

No. ..... St.

Primary Registration District No. 2168 Registered No. 44

Hospital .....

FULL NAME OF CHILD Rodney Schneider

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		2	Yes,	June 5 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sam Schneider	FULL MAIDEN NAME	Arline Jobe
RESIDENCE	Orofino	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas,	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ✓ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam Schneider

Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Orofino Idaho

Registrar

Filed June 5 1922 J. M. Fairly Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942

MAY 19 1960

MAY 18 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BI[redacted]

RECEIVED
JUN 27 1922
[redacted]EAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-[illegible]

County of Custer

City of Mackay

236-221-0X9-695 Registration District No. 76 File No. 14102339

No. St.

Primary Registration District No. 2153 Registered No.

Hospital

FULL NAME OF CHILD Melba May Blood.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	5 (Month) - 21 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Everet Blood	FULL MAIDEN NAME	Hulda Winroth
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth eight Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carroll A B Jensen MD.
(Physician or midwife)

Given names added from a supplemental report.

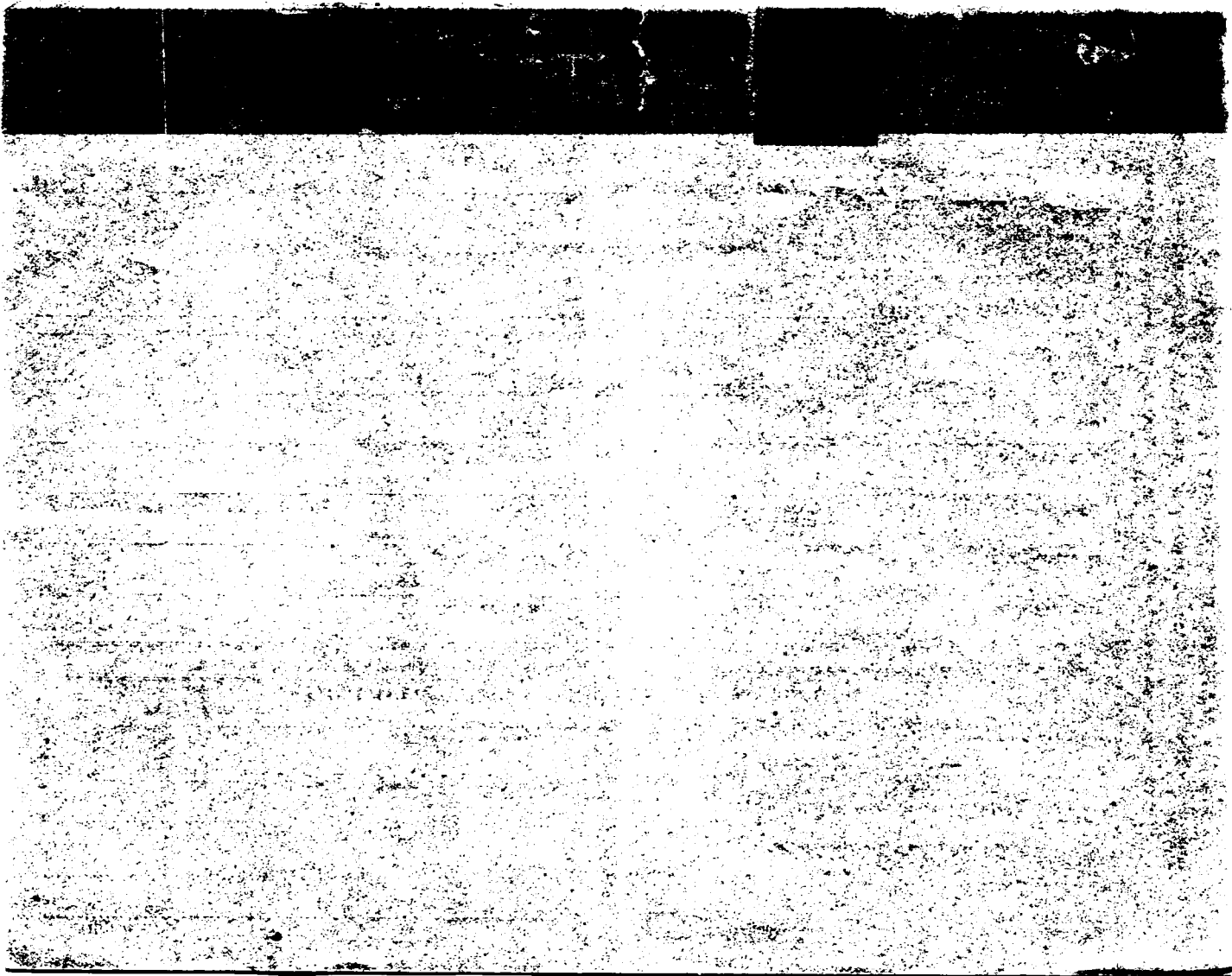
19

Address Mackay Idaho

Filed 6/26 1922 Rose Nowacki
Registrar

Registrar

S-Y CO. 24685



666 - 105 - 019 - 1993

PLACE OF BIRTH

RECEIVED
JUN 27 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

Registration District No. 76 File No. 402340

No. ____ St.

Primary Registration District No. 2153 Registered No. ____

Hospital ____

FULL NAME OF CHILD Claude E. Woods.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	6 - 5 1922

FATHER		MOTHER	
FULL NAME	Claude Woods	FULL MAIDEN NAME	Florence Peters
RESIDENCE	Mackay	RESIDENCE	Florence Mackay Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	California	BIRTHPLACE	Utah
OCCUPATION	Electrician	OCCUPATION	Home wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11,45 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Carroll A. Jensen M. D.

(Physician or midwife)

Address Mackay Idaho

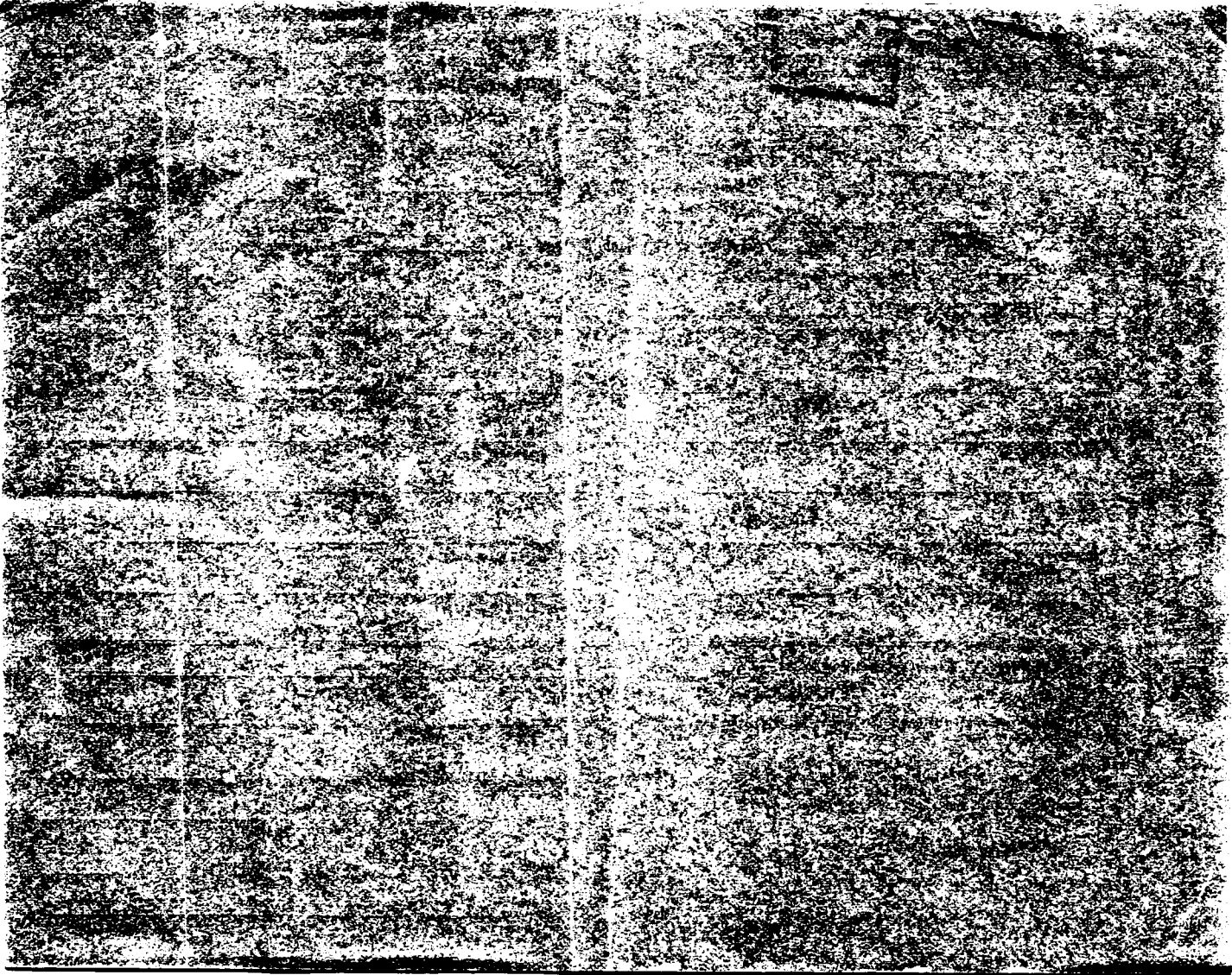
Filed 6/26 1922 Rose Nowacki Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.



Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Custer

RECEIVED
JUN 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102342

City of Mackay

Registration District No. 76 File No. 144

No. 298-219-019-593 St.

Primary Registration District No. 2153 Registered No.

Hospital

FULL NAME OF CHILD Lydia Mary Bryson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	2 19 1922

FATHER		MOTHER	
FULL NAME	William Bryson	FULL MAIDEN NAME	Emma Nickson
RESIDENCE	Mackay Idaho	RESIDENCE	Mackay, Idaho
COLOR	Wh AGE AT LAST BIRTHDAY 33 (Years)	COLOR	Wh AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Challis, Idaho
OCCUPATION	Blacksmith	OCCUPATION	Hwife -

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards -

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Mackay - Idaho

Filed 6/26 1922 Rose Nowalt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

122-222-019-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 27 1922
BUREAU OF VITAL STATISTICS

County of Custer

City of Macray

No. ____ St.

Hospital ____

Registration District No. 76

Primary Registration District No. 2153

File No. 102343

Registered No. ____

FULL NAME OF CHILD Jean Abbey -

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	4 22 1922

FATHER		MOTHER	
FULL NAME	William Abbey	FULL MAIDEN NAME	Nora Bartlett
RESIDENCE	Macray Idaho	RESIDENCE	Macray Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Illinois -	BIRTHPLACE	Custer Co, Idaho
OCCUPATION	Barber	OCCUPATION	Hswife -

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive - (Born alive or stillborn) at 9-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F. P. Richards M.D.
(Physician or midwife)

Address Macray - Idaho

Filed 6/26 1922 Rose Nowacki
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1942

261-107-019-658

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 27 1922
BUREAU OF VITAL STATISTICS

County of Custer

City of Mackay

Registration District No. 7 6

File No. 102344

No. ____ St.

Primary Registration District No. 2153

Registered No. ____

Hospital ____

FULL NAME OF CHILD Donald Aaron Swaugart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	3 7 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Floyd A Swaugart	Marion Louise Weyler
RESIDENCE	Mackay - Idaho	Mackay, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	25
BIRTHPLACE	California	Utah
OCCUPATION	Rancher	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Richards -
MD
(Physician or midwife)

Address Mackay - Idaho

Given names added from a supplemental report.

....., 19.....

Filed 6/26 1922 Rose Nowack
Registrar

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-113-020-35 [redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Hill City

Registration District No. 35 File No. 102347

No. 2 miles South St.
6½ " West

Primary Registration District No. 2021 Registered No.

Hospital

FULL NAME OF CHILD Edward Lee Stokes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	May (Month) 13th (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ira David Stokes	FULL MAIDEN NAME	Mattie Anna Lester
RESIDENCE	Hill City, Idaho	RESIDENCE	Hill City, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Fairfield, Idaho

Registrar

Filed June 30 1922 J. W. Doris
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

943-105-020-6

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Fairfield

Registration District No. 35

File No. 102348

No. 4 miles West St.
2 1/2 " South

Primary Registration District No. 2021

Registered No.

Hospital

FULL NAME OF CHILD John Powel Rutherford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 5th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Summerfield Key Rutherford	FULL MAIDEN NAME	Amanda Williams
RESIDENCE	Hill City, Idaho	RESIDENCE	Hill City, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Fairfield Idaho

Filed June 30 1922 J. W. Davis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1941

OCT 11 1947

168-219-021-712

[redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JUL 5 192[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Treasureton Ida.

Registration District No. 2119

File No. 102349

No. ..... St.

Primary Registration District No. 27

Registered No. 161

Hospital .....

FULL NAME OF CHILD Margaret.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.		Yes.	June 19 1922

FATHER		MOTHER	
FULL NAME	Edward A. Johnson.	FULL MAIDEN NAME	Mary Paskins.
RESIDENCE	Camp 3 Oneida Station.	RESIDENCE	Camp 3 Oneida Station.
COLOR	White. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Treasureton Ida.	BIRTHPLACE	Treasureton Ida.
OCCUPATION	Electrician.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 12 Noon. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Staten

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho.

Filed July 3 1922 Mrs Ida Tippets Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-227-021-414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Franklin

City of Banida Ida.

No. ..... St.

Hospital .....

JUL 5 1922

BUREAU OF VITAL STATISTICS

Registration District No. 2119

Primary Registration District No. 27

File No. 102350

Registered No. 160

FULL NAME OF CHILD Melissa Ann.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Mar. 27 22

FATHER	MOTHER
FULL NAME: John W. Casperson.	FULL MAIDEN NAME: Edna Maughan.
RESIDENCE: Banida Ida.	RESIDENCE: Banida Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Logan Utah.	BIRTHPLACE: Weston Idaho.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) on the date above stated. at 10:20P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slaten

Physician (Physician or midwife)

Address Preston Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 3 1922 Mrs Ida Liggett Registrar

Dup of 1927 - 101209

not

666-109-021-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Franklin

City of Riverdale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 211 9

Primary Registration District No. 27

File No. 102352

Registered No. 157

FULL NAME OF CHILD Boyd. "J" Woolf

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	June 9 22

FATHER	MOTHER
FULL NAME: Russell Woolf	FULL MAIDEN NAME: Viola Hansen.
RESIDENCE: Riverdale Ida.	RESIDENCE: Riverdale Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Riverdale Ida.	BIRTHPLACE: Hyde Park Utah.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Predton Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed July 3 1922 Mrs. Ida Tippets Registrar

7-10-41

AUG 1 1950

695--103-021-815

name added 4/9/85 tlc

PLACE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

102353

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No. ____ St.

Registration District No. 2119 File No. ____

Hospital ____ Primary Registration District No. 27 Registered No. 166

FULL NAME OF CHILD Leon H. Winward
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth.	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 3 1922

What bactericidal solution was used in eyes? 2% Crys. Nit.

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	Abraham Winward	Cecilia Hansen
RESIDENCE	Whitney Ida.	Whitney
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	41
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Cutler

Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 3 1922 Miss Ida Leppard
(Registrar.)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-2-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 102353
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Winward (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 3, 1922 (Date of Event)

in Whitney (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Leon H. Winward

Subscribed and sworn to before me this 9 day of April, 1985.

Notary Public, Georgia L. Clemley
Residing at Boise Idaho
My commission expires April 3, 1991
(Seal)

X Leon H. Winward
Signature of Applicant

X 3222 46th ST. WEST
Street Address, City, State
BILLINGS, MONT. 59106

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Onw daughter's birth certificate on file in Idaho #386785.
gives father's name as Leon H. Winward child born January 31, 1944.
viewed by V. S.

APR 9 1985

Certificate of Ordination from LDS Church by S. Dilworth Young gives name as Leon H. Winward. Odained a Seventy. dated Aug. 22, 1965. viewed by tlc

362-17-021-289

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton

No. ____ St.

Registration District No. 219 File No. 102354

Hospital ____ Primary Registration District No. 27 Registered No. 152

FULL NAME OF CHILD Mary J. Coburn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
W			Yes	June 17 1922

What bacterieidal solution was used in eyes? 1% Sol Ag NO3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	George Albert Coburn	FULL MAIDEN NAME	Lottie Violet Phillips
RESIDENCE	Dayton, Idaho	RESIDENCE	Dayton, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Hand

Physician

(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed July 3 1922 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUL 13 1922

Boise, Idaho, ... 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weston

Street: .....

County: Franklin

File Number: 102354

Registration Dist. No. .....

Date of Birth: June 17 1922

Sex of Child: Male

Father: George A. Coburn (Full Name)

Mother: Lottie Violette Plu... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Max J. Coburn (Child's Name in Full)

George A. Coburn (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME O

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, [illegible] and legitimacy.

It enables the Public Health Nurse to make sure the c been protected from danger of blindness and other infections a

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men pelled to furnish certified copies of certificates of birth, portant that the certificates be filed with the BUREAU OF VITA TICS and the same completed by furnishing the name of the chil

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

PLACE OF B[illegible] STATE BOARD OF HEALTH FILE N[illegible] 102[illegible]

CERTIFICATE OF BIRTH

STATE OF ~~UTAH~~ Idaho

County of Franklin

Precinct of

Town or Village of Weston

City of 245-213-021-389

Street and No.

If in Hospital or other institution, give its name instead of Street and number.

FULL NAME OF CHILD HELEN SWENSEN

If child is not yet named, make supplemental report as directed

Sex of Child	Twin, triplet, or other?	Number in order of birth	Legitimate	Date of Birth
Girl	X	X	Yes	6 (Month) 13 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Marinus Swensen	FULL MAIDEN NAME	Hattie Christensen
RESIDENCE	Weston	RESIDENCE	Weston
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	U Sogow	BIRTHPLACE	Muck Creek Idaho
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of children born to this mother, including present birth 2

Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occured on 6/13 1922 at 5 15 9 M

Premature No or Still Birth? No (Yes or No)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature) [illegible]

Date 6/13 1922

(Physician or Midwife)

Given name added from supplemental report

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Registrar

Address of Physician or Midwife Sogow

Filed July 1 1922 Mrs. Ida Lippoets Registrar

Registered No. 71 Reg. Dist. No 2119 Primary Dist No 207

Informa[redacted] Others

Required to Report Births

JUL 16 195[illegible]

Section 5050, Compiled Laws of Utah, 1917. That all births that occur in the State shall be immediately registered in the district in which they occur, as hereinafter provided.

REPORTS

Sec. 5051, Compiled Laws of Utah, 1917. That it shall be the duty of the Attending Physician or Midwife to file a certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birth occurred within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occured, to file said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a blank from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 5055, Compiled Laws of Utah, 1917, provides that: * * * "All Physicians, Midwives, Informants * * * connected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through the local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted without satisfactory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec. 5051 shall strike out the words "I hereby certify that I attended the Birth of above child," and write in lieu thereof the word "No Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as father, householder, etc., as the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhausted before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return same for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered number and make a copy of the original certificate for your local record. If the name of the child is not reported give the person who made the return a blank for supplemental report of name and direct that it be sent to you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplemental report of name of child has not yet been filed, send the certificate and forward the latter report as soon as received after entering name or other fact on your copy. If the child died before being named, the report should be made with the statement "died unnamed."

PENALTY.

Sec. 5059, Compiled Laws of Utah, 1917. And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 5051 of this Act, who shall neglect or refuse to file a proper certificate of birth with a local registrar, within the time required by this Act, shall be deemed guilty of a misdemeanor. * * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of this Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instructions and directions of the State Registrar, shall be deemed guilty of a misdemeanor. * * * Any person convicted of a misdemeanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollars.

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

713-212-028-396

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102356

County of Franklin

City of Preston

No. ____ St. ____

Registration District No. 2119 File No. ____

Hospital ____ Primary Registration District No. 27 Registered No. 167

FULL NAME OF CHILD Varma Pack

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	and		yes	June 12 1922

What bactericidal solution was used in eyes? 2% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	De Var Maz Vasi Pack	FULL MAIDEN NAME	Irma Crockett
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn) **at** 11-35 P.M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C. P. Cutler

Physician

(Physician or midwife)

Address Preston Idaho

Filed July 3 1922 Mrs. Ida Lippels Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE .HC

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STATE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston, Ida. — Street: ..... — County: Franklin

File Number: 102356

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: June 12 1922

Father: DeVar W. Pack (Full Name)

Mother: Irma Crockett (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Varnia Pack
Child's Name in Full

Irma C. Pack
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is im-

258-120-021-[illegible]

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

STATE DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102357

County of Franklin

City of Preston

No. ..... St.

Registration District No. 2119 File No. .....

Hospital .....

Primary Registration District No. 27 Registered No. 168

FULL NAME OF CHILD Delbert Eugene Seybold

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 20 192 2

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence Eugene Seybold	FULL MAIDEN NAME	Lidia Maude Workman
RESIDENCE	Preston Idaho	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Optical work	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was normal, (Born alive or stillborn) **at** 6 00 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Cutler M.D.

Physician

(Physician or midwife)

Address Preston Idaho

Filed July 3 1922 Mrs. Ida Leppelt

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR [illegible] 42

JUL 2 8 1942

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381-204-021-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 19 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102358

County of Franklin

City of Preston

No. ____ St. ____

Registration District No. 2119 File No. ____

Hospital ____ Primary Registration District No. 27 Registered No. 163

FULL NAME OF CHILD Noma Chadwick
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	June 4 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	Joel Chadwick	FULL MAIDEN NAME Emma Nelson
RESIDENCE	Preston	RESIDENCE Preston
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Painter	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Culley Jr.

Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 3 1922 Mrs. Ida Leppets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 3 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Place of Birth — Street: .....

Place of Birth — County: Franklin

File Number: 102358

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: June 4 1922

Father: Joel Miller Chadwick (Full Name)

Mother: Emma Nelson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Norma Chadwick
Child's Name in Full

Mrs. J. M. Chadwick
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

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Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has n protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-101-021-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 5 1922 VITAL

County of Franklin

City of Preston

No. ..... St.

Registration District No. 2119 File No. 102359

Hospital

Primary Registration District No. 27 Registered No. 165

FULL NAME OF CHILD Dean Earl Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	June 1 1922

What bacteriecidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Wallace Wilson	FULL MAIDEN NAME	Bertha Chadwick
RESIDENCE	Preston, Ida	RESIDENCE	Preston Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Arizona	BIRTHPLACE	Arizona
OCCUPATION	Farming	OCCUPATION	Farming

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal born at 6.25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler M.D.

Physician
(Physician or midwife)

Address Preston Ida

Filed July 3 1922 Mrs. Ida Leppelo
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RIME ARE

Boise, Idaho, ... JUL 13 1922

RECEIVED SEP BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Preston; Street ..... County Franklin

File Number 102359

Registration Dist. No. .....

Date of Birth June 1st 1922

Sex of Child Male

Father Wallace Wilson
Full Name

Mother Bertha Chadwick
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Dean Earl Wilson
Child's Name in Full

Wallace Wilson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CH

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, paren and legitimacy.

It enables the Public Health Nurse to make sure the child been protected from danger of blindness and other infections at bi

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are pelled to furnish certified copies of certificates of birth, it i portant that the certificates be filed with the BUREAU OF VITAL S TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

FEB 9 1942

819-209-021-855

PLACE OF BIRTH

RECEIVED JUL 0 . 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 2119 File No. 102360

Primary Registration District No. 27 Registered No. 164

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	June 9 1922

What bactericidal solution was used in eyes? 20% Arygrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Arthur W. Hart	FULL MAIDEN NAME	Eva Vad Henderson
RESIDENCE	Preston Ida.	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Lawyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive, at 9 35 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr

Physician
(Physician or midwife)

Address Preston Idaho

Filed July 3 1922 Mrs Ida Lippels
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-129-021-L84

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102361

County of Franklin

City of Preston

No. ____ St.

Registration District No. 219 File No. ____

Hospital ____ Primary Registration District No. 27 Registered No. 105

FULL NAME OF CHILD Leonard Alden Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	June 29 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Leonard Johnson	FULL MAIDEN NAME Priscilla Alder
RESIDENCE Preston	RESIDENCE Preston
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 7 29 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Carter

Physician
(Physician or midwife)

Address Preston Idaho

Filed July 3 1922 Mrs. Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
JUL 31 1922
BUREAU OF VITAL STATISTICS

Place of Birth — City: Preston

Street: .....

County: Franklin

File Number: 102361

Registration Dist. No. .....

Date of Birth: June 29 1922

Sex of Child: Male

Father: Leonard Johnson (Full Name)

Mother: Priscilla Johnson Alder (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leonard Alder Johnson
Child's Name in Full

Leonard Johnson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the...

693-228-021-154

[redacted]

RECEIVED JUL 6 1922 ... TAL

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2119 File No. 102362

Primary Registration District No. 27 Registered No. 150

FULL NAME OF CHILD June Willard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	May (Month) 28 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Larence David Willard	FULL MAIDEN NAME Mary Mirinda Anderson
RESIDENCE	RESIDENCE Preston
COLOR White AGE AT LAST BIRTHDAY 34 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Huntsville, Utah.	BIRTHPLACE Bear river, City, Utah
OCCUPATION Farmer	OCCUPATION Home keeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]) at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

..... ([redacted] or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Preston Franklin Co.

Filed July 3 1922 Mrs Ida Lippets Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 20 1969

433-210-021-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102363

County of Franklin

City of Preston

No. 472 West St.

Registration District No. 211 9 File No.

Hospital

Primary Registration District No. 27 Registered No. 154

FULL NAME OF CHILD Andrew McCombs

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	June 10 1922

What bacterieidal solution was used in eyes? Arg NO3 1 %

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Alma Andrew McCombs	FULL MAIDEN NAME	Elena Pricilla Campbell
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 5:40 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Address Preston Idaho

Filed July 3 1922 Mrs Ida Lippeta
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FURNISHING THE TA

ARE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston Idaho

Street: 2nd N. 1st E.

County: Franklin

File Number: 102363

Registration Dist. No. 27

Sex of Child: Female

Date of Birth: June 10 1922

Father: Alma Andrew McCombs (Full Name)

Mother: Glena Priscilla Ca[illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Audrie M. Combs

Child's Name in Full

Mrs. A. A. McCombs

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME C

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, and legitimacy.

It enables the Public Health Nurse to make sure the c been protected from danger of blindness and other infections

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men pelled to furnish certified copies of certificates of birth,

JUN 1

319-211-021-259

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2119 File No. 102364

Primary Registration District No. 27 Registered No. 153

FULL NAME OF CHILD Jessie Wilmore Kershaw Carter

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	June 11 1922

What bacteriocidal solution was used in eyes? 1% Sol Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jesse Wilmore Carter	FULL MAIDEN NAME	Sadie Davis Kershaw
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Rand

Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 3 1922 Mrs. Ida Tuppeis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-126-021-882

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 1st Ward St.

Registration District No. 2119 File No. 102365

Hospital

Primary Registration District No. 27 Registered No. 151

FULL NAME OF CHILD Jack Henry Cartwright
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	June 26 1922

What bacteriaidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Gerald Henry Cartwright	FULL MAIDEN NAME Lenore Hibbard
RESIDENCE Ogden Utah	RESIDENCE Ogden Utah
COLOR W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE England	BIRTHPLACE Utah
OCCUPATION Automobile mechanic	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Address Preston, Idaho

Filed July 3 1922 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1943

133-211-021-753

PLACE OF BIRTH

RECEIVED JUL 5 1927 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ____ St. ____

Registration District No. 2119 File No. 102366

Hospital ____

Primary Registration District No. 27 Registered No. 156

FULL NAME OF CHILD June Sylvia Allen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	June 11 1927

What bactericidal solution was used in eyes? Argyrol 17%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Edward Allen	FULL MAIDEN NAME	Sylvia Peterson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Preston	BIRTHPLACE	Preston
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:50 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Peterson M.D.

(Physician or midwife)

Address Preston Ida.

Give names added from a supplemental report.

DECEASED

....., 19....

Registrar.

Filed July 3 1927 Mrs. Ida Tuppets

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS BOISE IDAHO

Boise, Idaho, JUL 5 1922, 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston Idaho

Street: .....

County: Franklin

File Number: 102366

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: June 11 1922

Father: John Edwin Allen (Full Name)

Mother: Sylvia Peterson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

June Sylvia Allen

Child's Name in Full

Mrs J. E. Allen

Signature of Father or Mother

JAN [illegible]

MAY 25 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

514-203-021-255

RECEIVED
JUL 5 22
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-27

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. 2119

Primary Registration District No. 27

File No. 102367

Registered No. 158

FULL NAME OF CHILD Armon Eames

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female.		Yes.	June 13 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Leland Eames.	FULL MAIDEN NAME	Cyrena Kennington.
RESIDENCE	Preston R.-2.	RESIDENCE	Preston Ida.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Preston Ida.	BIRTHPLACE	Afton Wyoming.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician~~s~~ (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho.

Filed July 3 1922 Mrs Ida Lippets Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street:

County: Franklin

File Number: 102367

Registration Dist. No.:

Date of Birth: June 13 1922

Sex of Child: Female

Father: Joseph Leland Eames (Full Name)

Mother: Cyrena Kennington (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ermon Eames
Child's Name in Full

Joseph Leland Eames
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, par and legitimacy.

It enables the Public Health Nurse to make sure the chi been protected from danger of blindness and other infections at

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men ar pelled to furnish certified copies of certificates of birth, it portant that the certificates be filed with the BUREAU OF VITAL S TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

389-117-021-SIS

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

RECEIVED
JUL 5 [illegible]

City of Preston Ida.

Registration District No. 2119

File No. 102368

No. ..... St.

Primary Registration District No. 27

Registered No. 159

Hospital .....

FULL NAME OF CHILD Marion Wilcord.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	June 17 1922

FATHER	MOTHER
FULL NAME: W. G. Christensen.	FULL MAIDEN NAME: Amelia Mae Naef.
RESIDENCE: Preston Ida.	RESIDENCE: Preston Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Downey Ida.	BIRTHPLACE: Franklin Ida.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 3.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician.
(Physician or midwife)

Address Preston Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 3 1922 Mrs. Ida Lippert Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 16 1962

331-102-022-296

PLACE OF BIRTH

RECEIVED JUL 5 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

[redacted]DAHO
DE[redacted]BLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 102369

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Billy Clark

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1		2	yes	5 - 2 - 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Clark	FULL MAIDEN NAME	Lulu Brown
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	mother

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray

Phys

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar.

Filed 6, 4, 1922 W B West Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-113-022-296

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

102370

County of Fremont

City of St Anthony

Registration District No. 99 File No.

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Jack Clark

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male	1		3	yes	5	13	1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Clark	FULL MAIDEN NAME	Jam Brown
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	w	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ida	BIRTHPLACE	utah
OCCUPATION	farmer	OCCUPATION	mother

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W R Gray

Phys
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed 6, 4, 1922 W. D. West
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AD[illegible]955

814-122-022-313

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102371

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Calvin Call Hammond

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1		1	Yes	March 22 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Iris Hammond	FULL MAIDEN NAME	Lila Call
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	white	COLOR	w
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ida	BIRTHPLACE	Idaho
OCCUPATION	laborer	OCCUPATION	mother

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed 6, 4, 1922 W B Wax
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-102-022-954

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 102372

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD John R. Kane

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	1		1	yes	5	2	1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John F. Kane	FULL MAIDEN NAME	Ruby Redding
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ill	BIRTHPLACE	N Mex
OCCUPATION	merchant	OCCUPATION	mother

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Kany
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address .....

Filed 6, 4, 1922 W. B. West
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1942

MAR 24 1942

MAR 3 1961

235-213-022-364

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 BUREAU

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99

File No. 102373

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Lillian Louise Stern

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	1		2	Yes	5 (Month) / 13 (Day) / 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ed C Stern	FULL MAIDEN NAME	Minnie Comer
RESIDENCE	St A	RESIDENCE	St A
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minn	BIRTHPLACE	Wis
OCCUPATION	butcher	OCCUPATION	wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray

Phys

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 6 Feb 1922

W Allen

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Washington } ss.

Certificate No. 102373

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lillian Conner (Name on Original Certificate) who born (Was Born or Died) on May 13th 1922 (Date of Event)
in St Anthony (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lilbian	Lillian Louise Stern
Mother's name	Coner	Comer

Subscribed and sworn to before me this 3rd
day of August 19 42

Notary Public, residing at

My commission expires 1-4-43
(Seal) NOTARY PUBLIC FOR

MY COMMISSION EXPIRES JAN. 4 1943

Signed Minnie L. Stern
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 5 1942

MAY 2 9 1944

AUG 6 1942

769-217-022-693

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 102374

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Carol Gwen Parker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female	1		2	Yes	5	17	1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Parker	FULL MAIDEN NAME	Grace Williams
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	white	COLOR	w
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	New Zealand	BIRTHPLACE	Ida
OCCUPATION	newspaper	OCCUPATION	mother

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray

Phys

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 6/4 1922 W B West

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1967

695-229-022-693

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 102375

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Vila Jeanne Winter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
fem	1		1	yes	5	29	1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leland C Winter	FULL MAIDEN NAME	Alice Melvina Williams
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	dry Clerk	OCCUPATION	mother

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno P Gray
Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address .....

Filed 6 4 1922 W D Wax
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1943

435-218-022-235

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

102376

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Marion McClure McEhaney

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female	1		2	yes	5	18	1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harold M. McEhaney	FULL MAIDEN NAME	Mabel A. E. Steinke
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Penna	BIRTHPLACE	Ill
OCCUPATION	Clerk	OCCUPATION	mother

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W R Gray

Phys

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address .....

Filed 6, 4, 1922 W. B. West

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1943

299-129-022-995

PLACE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

102377

County of Fremont

City of St Anthony

Registration District No. 99

File No.

No. St.

Primary Registration District No. 217

Registered No.

Hospital

FULL NAME OF CHILD Gray Adair Birch

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	3	yes	5 29 1922

FATHER		MOTHER	
FULL NAME	Earl Birch	FULL MAIDEN NAME	Georgia Tanner
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ida	BIRTHPLACE	Nebraska
OCCUPATION	farmer	OCCUPATION	mother

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray

Physl
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar.

Filed 6, 4, 1922

W O West
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1967

MAY 4

813-104-022-942

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Registration District No. 99 File No. 102378

Hospital ..... Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Joseph Hathaway
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov 4 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6th Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Chas N Hathaway	FULL MAIDEN NAME	Josephine Russell
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	56
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 noon M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Bliss MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed Apr 10 1922 W Bliss
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRT[redacted]ATE OF IDAHO
[redacted]T OF PUBLIC WELFARE
[redacted]AU OF VITAL STATISTICS

County of Fremont

City of St Anthony

No. 295-106-022-862 St.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 102379

Hospital

Primary Registration District No. 2177 Registered No.

FULL NAME OF CHILD DONALD MAX KINNEY
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth (Month) Mar (Day) 6 (Year) 1922
Male			

What bactericidal solution was used in eyes? Argyrol Sol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wm Maxwell Kinney	FULL MAIDEN NAME	Amie Louise Hobbs
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 12 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Apr 10 1922 W B West

Registrar.

APR 8 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Chester

No. 255-115-022-693 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 6 1922 BUREAU OF VITAL STATISTICS

Registration District No. 44 File No. 102380

Primary Registration District No. 2177 Registered No.

FULL NAME OF CHILD Morgan Elmo Seeley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		9	February 15, 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Joseph Hyrum Seely	FULL MAIDEN NAME	Blodwen Williams
RESIDENCE	Hayden Utah	RESIDENCE	Hayden Utah
COLOR	AGE AT LAST BIRTHDAY 38 (Years)	COLOR	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Apr 10 1922 W B West
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont

Certificate No. 102380
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Morgan Elmo Seeley (Name on original certificate) who was born (Was born or died) on February 22, 1922 (Date of event)
in March 12, 1922 (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (Bible record, insurance policy, etc.) prepared on February 22, 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date	March 12th	Feb. 15th

Subscribed and sworn to before me this 22nd
day of December, 19 41
E. Archibald
Notary Public, residing at St. Anthony,
My commission expires August 17, 1944
[SEAL]

Signed Blodwen Seeley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Chester, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

DEC 24 1941

Received for filing on By
(Registrar's signature)

813-22-022-316

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ____ St.

Registration District No. 99

File No. 102381

Hospital ____

Primary Registration District No. 2177

Registered No. ____

FULL NAME OF CHILD Hayden Roe Hathaway

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 22 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Hayden Hathaway	FULL MAIDEN NAME	Adlee Landes
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) **at** ____ **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D Wert

(Physician or midwife)

Address ____

Filed May 10 1922 W D Wert

Registrar.

Give names added from a supplemental report.

____, 19____

____

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1482

811-220-022-369

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Newdale

No. ..... St.

Registration District No. 99

File No. 102382

Hospital .....

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Nellie Fann Haack
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	4-20-1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Paul Fredrick Carl Haack	FULL MAIDEN NAME	Elsie Maud Courtney
RESIDENCE	Newdale	RESIDENCE	Newdale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Council Bluffs Iowa	BIRTHPLACE	Kansas
OCCUPATION	Town Marshall	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

MD
(Physician or midwife)

Address Rexburg Idaho

Filed 5 63 1922 W Alvert
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1491

864-130-022-212

PLACE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Registration District No. 99 File No. 102383

Hospital .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Velden Ray Hodgson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	4-30 1922

What bactericidal solution was used in eyes? 2% Mercury chronic

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Henry Moroni Hodgson	FULL MAIDEN NAME	Lucy Ada Baker
RESIDENCE	Teton City	RESIDENCE	Teton City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.25 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich.

MD
(Physician or midwife)

Address Rexburg Idaho

Filed 7-13 1922 W Alvrd
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 18 1944

JAN 30 2017

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Teton County

Street: .....

County: Madison Co.

File Number: 102383

Registration Dist. No.: Moody Creek,

Date of Birth: April 30 192 2

Sex of Child: Male

Father: Henry Moroni Hodgson (Full Name)

Mother: Lucy Ada Baker (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Velden Ray Hodgson
Child's Name in Full

Mrs. Ada Hodgson,
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1505

294-122-022-251

PLACE OF BIRTH

name added 1-7-85 dl

County of Fremont

City of Teton

No. ..... St.

Hospital .....

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 102384

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Grant Bean Siddoway
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5-22-1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	James Clarence Siddoway	FULL MAIDEN NAME	Ruth Bean
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MW
(Physician or midwife)

Address Rexburg Idaho.

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed 5 23 1922 W. A. Wolf Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

11-29-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 102384
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Siddoway (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 22, 1922 (Date of Event)

in Teton (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Grant Bean Siddoway

Subscribed and sworn to before me this 3rd day of January, 1985.
Notary Public, Laura K Evans
Residing at Rexburg, Idaho
My commission expires Life
(Seal)

x Grant B. Siddoway
Signature of Applicant
x P.O. Box 98 Teton City, ID 83451
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of January, 1985.
Notary Public, Laura K Evans
Residing at Rexburg, Idaho 83440
My commission expires Life
(Seal)

Ernest Siddoway
Supporting Signature
Teton City, Idaho 83451
Street Address, City, State

1 cc pd

Certificate of Blessing from LDS Church gives Grant Bean Siddoway son of James Clarence Siddoway and Ruth Bean born May 22, 1922 at Teton was blessed Aug 5, 1922. Viewed by V.S.

JAN - 7 1985

Honorable Discharge form U.S. Army lists Grant B Siddoway born 5-22-22 in Teton was discharged Sept 13, 1945. Viewed by V.S.

766-106-022-718

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Egin

No. ..... St.

Registration District No. 99 File No. 102385

Hospital .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Russell William Powell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	5th (To be answered only in event of plural births)	N/A	5 6 1922

What bactericidal solution was used in eyes? Argyrol Sol

Number of child of this mother, including present birth 5th Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Henry Powell	FULL MAIDEN NAME	Nellie Parker
RESIDENCE	Egin	RESIDENCE	Egin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10.38 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Blvest

(Physician or midwife)

Give names added from a supplemental report.

Address .....

....., 19....

Filed 6. 10. 1922 W Blvest

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

412-28-022-2

PLACE OF BIRTH

RECEIVED
JUL 5 1927
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102386

County of Fremont

City of St Anthon

No. ..... St.

Hospital .....

Registration District No. 99

Primary Registration District No. 217

File No. .....

Registered No. .....

FULL NAME OF CHILD Evelyn Mason
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe.			Yes	May 18 192?

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Raymond R. Mason	FULL MAIDEN NAME	Cozella Fay Bowman
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	2?	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Foundling (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Olvert

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 6, 10, 1927 W Olvert

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF [illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Sarilda

Street

County Fremont

File Number 102386

Registration Dist. No.

Date of Birth May 18 1922.

Sex of Child Girl

Father Raymond L. Mason. (Full Name)

Mother Coquilla Fay Bowman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Evelyn Mason (Child's Name in Full)

Coquilla Fay Mason (Signature of Father or Mother)

SEP 1 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

553-204-022-819

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 102387

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Elaine Nelson

Sex of Child fem | Twin Triplet or other? 1 and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 4 (Month) -4- (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ralph Nelson	FULL MAIDEN NAME	Luisa Hammond
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	mother

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address .....

Filed 6, 4th 1922 W R West
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-126-022-466

PLACE OF BIRTH

RECEIVED
JUL 5 192
BUREAU
STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99

File No. 102388

Hospital .....

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Bryce Albert Brishin Bryce

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	1-26-1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	M N. Brishin	FULL MAIDEN NAME	Mabel Moore
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wilford, Neb.	BIRTHPLACE	Burns, Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible], at 6 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....

Registrar.

Address St Anthony

Filed 6-28 1922 W A Wert

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 2 6 1944

APR 8 1971

JUN 1

249-219-022-639

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Registration District No. 49

File No. 102389

Hospital .....

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Leona E. Smith

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	1 - 19 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Roy Smith	FULL MAIDEN NAME	Katherine Flint
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Anaconda Mont	BIRTHPLACE	Parker, Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon

MD

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address St Anthony

Filed 6 28 1922 W R Wright
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-DSO-135

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. 385-213-022-819 St.

Registration District No. 99

File No. 102390

Hospital

Primary Registration District No. 2177

Registered No.

FULL NAME OF CHILD Evelyn Cherry
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
X		yes	1-13-1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Solomon Cherry	FULL MAIDEN NAME	May Hathaway
RESIDENCE	Parker Idg	RESIDENCE	Parker Idg
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Preston Idg	BIRTHPLACE	Collins Mont
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon
MD
(Physician or midwife)

Address St Anthony

Filed 6 28 1922 W R Weet
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

NAME
CHANGE

Dup of 1922-D80-327

445-118-022-963

PLACE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102391

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. .....

Hospital ..... Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Wayne Warren Dunn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	1-18-1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Milton Dunn	FULL MAIDEN NAME	Cora Roberts
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Philadelphia, Penn	BIRTHPLACE	Harrison, Ark
OCCUPATION	Butcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address St Anthony

Filed 6-28-1922 W A Wirt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1972

154-13-022-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

County of Fremont
City of Hamilton
No. ____ St.
Registration District No. 99
File No. 102392
Hospital ____
Primary Registration District No. 2177
Registered No. ____

FULL NAME OF CHILD Daniel Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	2-13-1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth: 6
Number of child of this mother now living, including present birth: 5

FATHER		MOTHER	
FULL NAME	Harry Anderson	FULL MAIDEN NAME	Ethel Davies
RESIDENCE		RESIDENCE	Hamilton Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Dover Ut.	BIRTHPLACE	Egin Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J E Mellon MD
(Physician or midwife)

Address Hamilton

Filed 6 28 1922 W D Weak
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-330441

194-209-022-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Canyon Creek

No. ..... St. Registration District No. 99 File No. 102393

Hospital ..... Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Geory Ard

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes	2 9 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Orville Ard	FULL MAIDEN NAME	Clara Geche
RESIDENCE	Canyon Creek	RESIDENCE	Canyon Creek Id
COLOR	W AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Elsmore Kan	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melling
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address St Anthony

Filed 6 28 1922 W B Weak
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1961
OCT 2 1961

532-105-022-666

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102394

County of Fremont

City of Chester

No. ..... St.

Registration District No. 90

File No. .....

Hospital .....

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Lemuel Oliver Eckman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	2-5-1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Fred Eckman	FULL MAIDEN NAME	Ruth Wood
RESIDENCE	Chester, Ida	RESIDENCE	Chester, I.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Youngstown, O.	BIRTHPLACE	Hillstrom, Ind
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address St Anthony

Filed 6 28 1922 W A West
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1941

695-103-022-236

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ____ St.

Registration District No. 99

File No. 102395

Hospital ____

Primary Registration District No. 2177

Registered No. ____

FULL NAME OF CHILD Frank Lester Winegar

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	13 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	W H Winegar	FULL MAIDEN NAME	Rosa Stoddard
RESIDENCE	St Anthony	RESIDENCE	St Anthony Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Parker Ida	BIRTHPLACE	Parker Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon M D

(Physician or Midwife)

Address St Anthony

Filed 6 28 1922 W P [illegible] Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVERAL REASONS WHY A
THE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: St. Anthony

Street:

County: Fremont Co

File Number: 102395

Registration Dist. No.: 28

Sex of Child: Male

Date of Birth: Jan 31 1922

Father: William H. Winegar (Full Name)

Mother: Reah Stoddard (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Frank. Lester. Winegar

Child's Name in Full

Mrs. Reah Winegar

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. 962-129-022-319 St. Registration District No. 99 File No. 102396

Hospital Primary Registration District No. 2177 Registered No.

FULL NAME OF CHILD Kenneth Rosenlof
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	1-29-1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Erwin Rosenlof	FULL MAIDEN NAME	Lillian Larsen
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mt Pleasant U	BIRTHPLACE	Washington U
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon
MD
(Physician or midwife)

Address St Anthony

Filed 6 28 1922 W Blevyk
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Holding fifty cents

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF California)
) SS.
COUNTY OF Los Angeles)

RECEIVED
JUL 15 1940

AFFIDAVITS FOR CORRECTION OF A RECORD

102396

Evelyn Rosenlof of 329 Chicago Ave. Bellflower

Being first duly sworn, deposes and says that she is Aunt
(if related, specify degree,

of Kenneth Rosenlof
if friend or otherwise, so state)

who was born in the city of St. Anthony, County of Fremont
(was born, died)

on the 29th day of January, 1922, as stated in a certificate of birth
birth or

filed by J. E. Mellon, M.D.
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of St. Anthony, County of Fremont

Idaho, on the 28th day of June 19 22.

That the following facts set forth in said certificate are not correctly

stated therein, to wit: Name of Child: is given as Kenneth Rosenlof

Maiden Name of Mother is given as: Lillian Adams

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Name of Child should be Leon John Rosenlof

Maiden name of Mother: Lillian Larsen

(SEAL)

Affiant Evelyn Rosenlof

Address 329 Chicago Ave. Bellflower, Calif.

Subscribed and sworn to before me this 13 day of July 1940

Orla M. Jeanson
Notary Public

My Commission Expires August 4, 1941

STATE OF California)
) SS.
COUNTY OF Los Angeles)

SUPPORTING AFFIDAVIT

Ervin P. Rosenlof of 667 E. 119 St. Los Angeles, Calif.

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Ervin P. Rosenlof

Address 667 E. 119 St. Los Angeles, Calif.

Subscribed and sworn to before me this 13 day of July 1940

(Seal)

Orla M. Jeanson
Notary Public

My Commission Expires August 4, 1941

868-121-022-449

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102397

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99

File No. .....

Hospital .....

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Robert Delmont Hoyt
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	May 21 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Don Hoyt	FULL MAIDEN NAME	Jennie Durney
RESIDENCE	Harlington Mont	RESIDENCE	St Anthony Ida
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Birmingham Ala	BIRTHPLACE	Thayn Wgo.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon

MD
(Physician or midwife)

Address St Anthony Ida

Filed 6 28, 1922 WRJ Cox
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1972

CC 4/3/41 RMF

214-221-022-412

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99

File No. 102398

Hospital .....

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Janeth Saunderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	5-21-1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J E Saunderson	FULL MAIDEN NAME	Aurelia Mason
RESIDENCE	St Anthony, Idaho	RESIDENCE	St Anthony, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Malad City, Ida	BIRTHPLACE	Parker Ida
OCCUPATION		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton
MD
(Physician or midwife)

Address St Anthony Ida

Filed 6 28 1922 W Albert
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 22-321178

819-226-022-813

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99

File No. 102399

Hospital .....

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Phyllis Harder
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	2-26-1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Theo. F. Harder	FULL MAIDEN NAME	Mollie Hathaway
RESIDENCE	Teton Ida	RESIDENCE	Teton Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Teton Idaho	BIRTHPLACE	Russia
OCCUPATION		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon

MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address St Anthony Ida

Filed 6, 28, 1922 W B Yorx
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18 1952

418-101-022-813

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99

File No. 102400

Hospital .....

Primary Registration District No. 2(7)

Registered No. .....

FULL NAME OF CHILD John Day
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 3 (Day) 1 (Year) 1922
M			

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 26 Number of child of this mother now living, including present birth 22

FATHER		MOTHER	
FULL NAME	Fred Day	FULL MAIDEN NAME	Edith Halverson
RESIDENCE	Ketoy Idy	RESIDENCE	Ketoy Idy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Richmond U.	BIRTHPLACE	Richmond U
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon

MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address St Anthony Idy

Filed 6.28. 1922 W Wirt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted] OF BIRTH

Fremont

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of St Anthony

No. 296-204- St. Registration District No. 99 File No. 102401

022-236

Hospital Primary Registration District No. 2177 Registered No.

FULL NAME OF CHILD Luella Brouwer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		Yes	3 - 4 - 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ralph Brouwer	FULL MAIDEN NAME	Elma Stoddard
RESIDENCE	Parker Idaho	RESIDENCE	Parker Idaho
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Parker Idaho	BIRTHPLACE	Parker
OCCUPATION	Laborer	OCCUPATION	Idaho

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon

MD
(Physician or midwife)

Address St Anthony Idaho

Filed 6 20 1922 W B Evert
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Herman

No. 559-104- St.

Hospital 022-619

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 102402

Primary Registration District No. 2177 Registered No.

FULL NAME OF CHILD Delbert Augustus Neilson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	3 - 4 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	C A Neilson	FULL MAIDEN NAME	Mildred Farley
RESIDENCE	Herman Idy	RESIDENCE	Herman Idy
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Carter Co. Col	BIRTHPLACE	Parker Idy
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address St Anthony

Filed 6 28 1922 W A Wax
Registrar.

APR 23 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 102402

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or ~~Death~~) for Delbert Augustus Neilson (Name on Original Certificate) who born (Was Born or Died) on March 4, 1922 (Date of Event) in Hansen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Delbert Augustus Neilson
Date	Mar. 14th	March 4, 1922

Subscribed and sworn to before me this 28th day of August, 1942

K. F. Jenkins
Notary Public, residing at Twin Falls

My commission expires 3/12/45
(Seal)

Signed Mrs. Edna Mildred Neilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

235 Quincy St. Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 31 1942

SEP 1 1942

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102404

County of Fremont

City of St Anthony

No. 519-115-022-38 St. Registration District No. 49 File No.

Hospital Primary Registration District No. 2177 Registered No.

FULL NAME OF CHILD Eugene Marion Earl.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				1-15-1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	E M Earl	FULL MAIDEN NAME	Esther Marie Thomsen
RESIDENCE	St Anthony	RESIDENCE	St. Anthony, Ida.
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Plymouth Ut.	BIRTHPLACE	Christiana Norway
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was, at 9 P.M.
(Born alive or stillborn)
on the date above stated.

(Signature) W. B. West, M.D.
(Physician or midwife)

Address

Filed 6 28 1922 W B West
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. 449-223-022-234 St.

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 102405

Hospital Primary Registration District No. 2177 Registered No.

FULL NAME OF CHILD Carrie Murray
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		yes	2-23 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 51

FATHER		MOTHER	
FULL NAME	C. C. Murray	FULL MAIDEN NAME	Eliza Stimson
RESIDENCE	St Anthony # Ida	RESIDENCE	St Anthony # Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Midway U	BIRTHPLACE	Welford U.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton
MD
(Physician or midwife)

Address St Anthony

Filed 6 29 1922 W D Wax
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Fremont

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102406

City of St Anthony

No. 851-107-022-259 St. Registration District No. 99

Hospital

Primary Registration District No. 2177

Registered No.

FULL NAME OF CHILD Jos. Kershaw Heaps
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	3-7-1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Thos. L. Heaps	FULL MAIDEN NAME	Isabella Kershaw
RESIDENCE	St Anthony	RESIDENCE	St Anthony Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Salt Lake City
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5 A.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon MD
(Physician or midwife)

Address St Anthony

Filed 6 I 8, 1922 C W Davis
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

NOV 18 1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

First name amended 9-22-83 fc

County of Fremont

City of Teton

No. 815-209-022-451 St.

RECEIVED JUL 5 1982 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 102407

Hospital

Primary Registration District No. 2177 Registered No.

FULL NAME OF CHILD LEAH Sarah Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	3-9-1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	C C Hansen	FULL MAIDEN NAME	Katherine Dean
RESIDENCE	Teton Ida	RESIDENCE	Teton Ida
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Teton Ida	BIRTHPLACE	Salt Lake City
OCCUPATION	Druggist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address St Anthony

Filed 6 22 1922 W B Wright
Registrar.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 22 10 14 AM '89

State of _____ } ss.
County of _____ }

Certificate No. 102407
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Sarah Hansen (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 9, 1922 (Date of Event)

in Teton (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Sarah	Leah

Subscribed and sworn to before me this 22nd day of September, 19 89

Notary Public, Florence Cartright

Residing at Boise

My commission expires 4-20-86

(Seal)

Leah H Jansen
Signature of Applicant

5333 15 Ave NE Olympia Wa 98506
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Baptismal Certificate and Confirmation dated Oct.5, 1930 , shows name as Leah Hansen born March 9, 1922, in Teton, Idaho, to Andrew C. Hansen and Kathryn Myrtle Dean. Baptized October 4, 1930, in L.D.S.Church.
Viewed by V.S.

Marriage certificate issued by the state of Idaho, Bonneville County gives name of bride as Leah Hanson of Teton married to Harold Chester Jaussi of Paris, Idaho, on March 1, 1946. Certificate signed by David Smith, Elder of the L.D.S.Church.
Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102408

County of Fremont

City of St Anthony

No. 154-224-022-25 St. Registration No. 99

Hospital ____ Primary Registration District No. 2177 Registered No. ____

FULL NAME OF CHILD Dorothy Anderson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	3-24-1922

What bacteriolidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Orel Anderson	FULL MAIDEN NAME	Adlia Berg
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Lewiston Ut	BIRTHPLACE	Basalt Ida
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J E McMillan M.D.
(Physician or midwife)

Address St Anthony

Filed 6 28 1922 W R Wright
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102409

County of Fremont

City of St Anthony

No. 866-120-022-795 St.

Registration District No. 99

File No.

Hospital

Primary Registration District No. 2177

Registered No.

FULL NAME OF CHILD ~~XXXXXXXXXX~~ J. L. Hooper, HOMER H. HOOPER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	4 20 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Asa Hooper	FULL MAIDEN NAME	Lorain Green
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	St Johns U.	BIRTHPLACE	Preston Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon
MD
(Physician or midwife)

Give names added from a supplemental report.

Address St Anthony

Filed 6 29 1922 W B Wirst
Registrar.

..... 19....

Registrar.

MAR 6

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Ada } ss.

Certificate No. 102409
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for John Hooper (Name on Original Certificate) who born (Was Born or Died) on Apr 20, 1922 (Date of Event)
in St. Anthony, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on March 9 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	John Hooper	Homer H. Hooper

Subscribed and sworn to before me this 9th
day of March, 1942

Notary Public, residing at Boise Idaho
My commission expires Oct. 22 1944
(Seal)

Signed Jesse Hooper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1718 Warm Springs Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 7 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. 386-124-022-279 St. Registration District No. 99 File No. 102410

Hospital ..... Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Richard Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	4-24-1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	R. F. Thompson	FULL MAIDEN NAME	Nettie Spidell
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	West Weber U	BIRTHPLACE	Salt Lake City
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Melton

MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address St Anthony

Filed 6-28, 1922 W B Wirt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Newdale

No. 619-104-022-113 St. Registration District No. 99 File No. 102411

Hospital _____ Primary Registration District No. 2177 Registered No. _____

FULL NAME OF CHILD William Ward
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	5 17 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	W. N. Ward	FULL MAIDEN NAME	Ethel Jacobs
RESIDENCE	Newdale Ida	RESIDENCE	Newdale Ida
COLOR	W. AGE AT LAST BIRTHDAY 47 (Years)	COLOR	W AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Hyrum, N.	BIRTHPLACE	Newton, N.
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD
(Physician or midwife)

Give names added from a supplemental report.

_____, 19____

_____
Registrar.

Address Stanton

Filed 6 28 1922 W H West
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. 299-117-022-318 St. Registration District No. 99 File No. 102412

Hospital Primary Registration District No. 2177 Registered No.

FULL NAME OF CHILD Reuben Birch
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	5-17-1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	W. R. Birch	FULL MAIDEN NAME	Lizzie Layton
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Coalville U	BIRTHPLACE	Kaysville U.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address St Anthony

Filed 6, 28, 1922 W R Wirt
Registrar.

253-222-022-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 5177

File No. 102415

Registered No. .....

FULL NAME OF CHILD Emma May Bell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
		No	1-22-1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Not Given	FULL MAIDEN NAME	Etta Bell
RESIDENCE		RESIDENCE	St Anthony Ida
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE		BIRTHPLACE	Chester Ida
OCCUPATION		OCCUPATION	House girl

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon
M D
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address St Anthony

Filed 6 28 1922 W A Wirt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-105-022-239

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102416

County of Fremont
City of St Anthony
No. ____ St.
Registration District No. 99
File No. ____
Hospital ____
Primary Registration District No. 2177
Registered No. ____

FULL NAME OF CHILD MELDON JOSEPH Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	1-5-22

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J Smith	FULL MAIDEN NAME	Margaret Simons
RESIDENCE	St Anthony # Idg	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Woodland Wash.	BIRTHPLACE	St Anthony
OCCUPATION	Laborer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Meldon M D
(Physician or midwife)

Address St Anthony

Filed 6-28-22 W B Clark
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 1944

259-104-022-259

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102417

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 9a

File No. .....

Hospital .....

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Hyrum Watkins Kershaw
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		No	1-4-1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Not Given	FULL MAIDEN NAME	Anna Kershaw
RESIDENCE		RESIDENCE	St Anthony Ida
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	W AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE	St Anthony Ida
OCCUPATION		OCCUPATION	Housegirl

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton

MD
(Physician or midwife)

Address St Anthony

Filed 6 28 1922 W B Grant
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: St. Anthon

Street: 338 second West North

County: Fremont

File Number: 102417

Registration Dist. No.: 2

Date of Birth: January 4th 1922

Sex of Child: Male

Father: Not Known
Full Name

Mother: Annie Mellus Nera
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Hyrum Hatch Kershaw
Child's Name in Full

Annie Melissa Kershaw
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Treasure

City of St Anthony

No. 154-209 St.

Registration District No. 99

File No. 102418

Hospital 022-443

Primary Registration District No. 2177

Registered No.

FULL NAME OF CHILD Barbara Andrus
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	1-9-1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wilbury M. Andrus	FULL MAIDEN NAME	Lillian Mullineaux
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Lewiston N	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Mellon
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address St Anthony

Filed 6 28 1922 W A Wood
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 [redacted]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

815-224-022

City of 815

No. ..... St.

Registration District No. 102 File No. 102419

Hospital ..... Primary Registration District No. 6 Registered No. 116

FULL NAME OF CHILD Leah Hansen

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes.	6-24 1922

What bactericidal solution was used in eyes? 10% Argyrol Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leste James Hansen	FULL MAIDEN NAME	Ada Cunningham Hansen
RESIDENCE	Ashton, Idaho.	RESIDENCE	Ashton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah -	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Meacham -

Phys.

(Physician or midwife)

Address Ashton, Idaho -

Filed 6-25 1922 C. A. Meacham -

Registrar.

Give names added from a supplemental report.

....., 19....

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Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102422

County of Fremont

City of Ashton

No. 437-220-022-3[illegible] St. Registration District No. 1 File No. [illegible]

Hospital [illegible] Primary Registration District No. [illegible] Registered No. [illegible]

FULL NAME OF CHILD Mary Margaret McGrath

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	6-20-192[illegible]

What bacteriocidal solution was used in eyes? 1% Argyrol Sol.

Number of child of this mother, including present birth [illegible] Number of child of this mother now living, including present birth [illegible]

FATHER		MOTHER	
FULL NAME	Leo George McGrath	FULL MAIDEN NAME	Mary Caulin McGrath
RESIDENCE	Ashton, Idaho	RESIDENCE	Ashton, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Minnesota	COLOR	White
OCCUPATION	Grain Buyer	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	Iowa
		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:00 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Graham

Phys.

(Physician or Midwife)

Address Ashton Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 6-21-192[illegible] C M Graham
Registrar.

MAY

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ashton

Street: .....

County: Fremont

File Number: 102422

Registration Dist. No: .....

Sex of Child: Female

Date of Birth: June 20 1922

Father: Leo George McGrath (Full Name)

Mother: Mary Agnes (Conlin) McGrath (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Margret McGrath (Child's Name in Full)

L. G. McGrath (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

[redacted]CE OF BIRTH

RECEIVED
JUL 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102423

County of Gem

City of Emmett

No. 893-129-023-279 St. Registration District No. 6 File No.

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Joel Robert Hitt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	6 / 29 1922

What bactericidal solution was used in eyes? Silver Nit 1%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Huston Taylor Hitt	Elizabeth Sproat
RESIDENCE	Emmett Ida	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	28
BIRTHPLACE	Mo	Scotland
OCCUPATION	Farmer	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 - 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds
(Physician or midwife)

Address Emmett

Filed 7/1 1922 J L Reynolds
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 19 1942

AUG 20 1942

PLACE OF BIRTH

RECEIVED JUL 10 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. 625-21-023-595 St. Registration District No. 6 File No. 102424

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Clara Milbrey Obermeyer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	6 11 192?

What bacteriocidal solution was used in eyes? 1% Argyro

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lewis Obermeyer	FULL MAIDEN NAME	Milbrey Ewing
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Plano Ill	BIRTHPLACE	Minneapolis Minn
OCCUPATION	Fruit grower	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Cummings

(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 7/6 1927 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

Street:

County: Gem

File Number: 102424

Registration Dist. No.:

Date of Birth: June 11th 1924

Sex of Child: Female

Father: Lewis Obermeyer (Full Name)

Mother: Mulbrey Obermeyer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Clara Mulbrey Obermeyer (Child's Name in Full)

Lewis Obermeyer (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, p
and legitimacy.

It enables the Public Health Nurse to make sure the c
been protected from danger of blindness and other infections a

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men a
pelled to furnish certified copies of certificates of birth, it
portant that the certificates be filed with the BUREAU OF VITAL
TICS and the same completed by furnishing the name of the child

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. 993-129-023-243 St.

Registration District No. 6

File No.

Hospital

Primary Registration District No.

Registered No. 102425

FULL NAME OF CHILD Elvador Elton Ritter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		yes	6 29 192

What bactericidal solution was used in eyes? 1% Ag no 3

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Edward D Ritter	FULL MAIDEN NAME	Mary Butherus
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Culbertson Nebr	BIRTHPLACE	Russia
OCCUPATION	Common laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) R. A. Cummings
(Physician or midwife)

Address Emmett Ida

Filed 7/8 192 2 J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem }

Certificate No. 102425

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Ritter (NAME ON ORIGINAL CERTIFICATE) who barn (WAS BORN OR DIED) on June 29, 1922 (DATE OF EVENT)
in Emmett, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Ritter	Elvador Elton Ritter

Subscribed and sworn to before me this 18th day of January, 19 47

Margaret Smoke

Notary Public, residing at Emmett Idaho

My commission expires Oct 13, 1947

(SEAL)

Signed Edward Sam Ritter

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

4 W Maple, Emmett, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gem }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1927 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of January, 19 47

Margaret Smoke

Notary Public, residing at Emmett, Idaho

My commission expires Oct. 13, 1947

(SEAL)

Signed John R Reitbrock

(SIGNATURE OF ANY CREDIBLE PERSON, OTHER THAN PREVIOUS AFFIANT.)

Route 4 Box 1277 H3, Portland, Ore

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

AUG 1 8 1942

864-229-023-29

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102426

County of Gem
City of Ola
No. ____ St.
Registration District No. 6
File No. ____
Hospital ____
Primary Registration District No. ____
Registered No. ____

FULL NAME OF CHILD Irma Clare Young
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	6 29 1922

What bacterioidal solution was used in eyes? 1% Ag no3

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter B Young	Theresa M Boreshears
RESIDENCE	Ola Idaho	Ola Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Sumner Co. Kans.	Eagle Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 155 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
(Physician or midwife)
Address Emmett

Give names added from a supplemental report.

....., 192.....
Registrar.

Filed 7/8 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1969

493-211-023-391

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 4 File No. 102427

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Betty Lorraine Dillon
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	First	Yes	6 11 1922

What bactericidal solution was used in eyes? 1% Argno 3

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Elbert E Dillon	FULL MAIDEN NAME Alice Crabtree
RESIDENCE Emmett Ida	RESIDENCE Emmett Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Cedar Kans	BIRTHPLACE Emmett Ida
OCCUPATION Clerk	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 13 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings
(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 7/8 1922 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 4 194

Boise, Idaho, ... 19..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

Street: 913 S. Hayes

County: Gem

File Number: 102427

Registration Dist. No. .....

Date of Birth: June 11 1922.

Sex of Child: Female

Father: Albert E. Dillon
Full Name

Mother: Alice Ellen Crabtree
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Betty Lorraine Dillon
Child's Name in Full

Albert E. Dillon
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102428

County of Ada

City of Emmett

No. 493-211-023-391 St.

Registration District No. 6

File No.

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Dorothy Fern Dillon
(Certificate of no value without full name of child.)

Sex of Child	Twin? Triplet? or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		Second	Yes	6 11 1922

What bactericidal solution was used in eyes? 1% Argyro

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Elbert E Dillon	FULL MAIDEN NAME Alice Crabtree
RESIDENCE Emmett Ida	RESIDENCE Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Cedar Kans	BIRTHPLACE Emmett Ida
OCCUPATION Clerk	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) R. N. Cummings
(Physician or midwife)

Address Emmett Ida

Filed 6/9 1922 J. L. Reynolds
Registrar.

SEVERAL REAS[illegible]

[illegible]D FOR EA[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

Street: 913 S. Hays

County: Gem

File Number: 102488

Registration Dist. No.:

Sex of Child: Female

Date of Birth: June 11 1922

Father: Elbert E. Dillon (Full Name)

Mother: Alice Ellen Crabtree (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dorothy Fern Dillon

Child's Name in Full

Elbert E. Dillon

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

255-121-023-418

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St. Registration District No. 6 File No. 102429

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Howard Benge

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	6 21 1922

What bactericidal solution was used in eyes? 1% Ag no 3

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas A Benge	Emma May
RESIDENCE	Sweet Idaho	Sweet Idaho
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Kentucky	Hattsburg Washington
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 35 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Reynolds

(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 7/8 1922 J L Reynolds

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

614-103-023-959

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6

File No. 102430

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Irvin LeRoy Wade
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	7 3 1922

What bactericidal solution was used in eyes? 1% Ag no 3

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chas A Wade	FULL MAIDEN NAME	Anna Reimer
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Garfield Co Wash	BIRTHPLACE	Garfield Co Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings
(Physician or midwife)

Address Emmett Ida

Filed 7/8 1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CE
ILED FOR EACH CHILD AND THE S/

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

File Number: 102430

Street:

Registration Dist. No.:

County:

Date of Birth: July 3 192 2

Sex of Child: Male

Father: Charles Wayne Wade (Full Name)

Mother: Anna Maria Reimers (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Irvin Jerry Wade (Child's Name in Full)

Mrs Anna Wade (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

397-117-023-689

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. ..... St. Registration District No. 6 File No. 102431

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Baby Tipton, RAYMOND HAROLD
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5 17 1922

What bactericidal solution was used in eyes? 1% Argyro

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME Ezekiel Tipton	FULL MAIDEN NAME Hettie F. Whitaker
RESIDENCE Emmett Ida	RESIDENCE Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 47 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Tennessee	BIRTHPLACE Silter Colo.
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 6/20 1922 J L Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/12/41 Z.J.

AFFIDAVIT

JUN 6 1941

TO WHOM IT MAY CONCERN, This is to certify that Raymond Harold Tipton was bofn May 17, 1922 at Emmett, Idaho and the attending physician was Dr. Cummings of Emmett, Idaho.

Due to some error in recording the birth certificate you have the name as Rex Tipton, this is authority to have the same corrected.

IN WITNESS WHEREOF, We have hereunto set our hands and seals this 4th. day of June 1941.

Eva M. VanCleave

Mary L. Page

STATE OF OREGON)
)ss
COUNTY OF BAKER)

BE IT REMEMBERED, That on this the 4th. day of June 1941 personally appeared before me, a Notary Public in and for said County and State, the above named Eva M. VanCleave and Mary L. Page who are personally known to me to be sisters of the above mentioned Raymond Harold Tipton and who acknowledged to me that the above statement is true and correct, and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this the day and year first in this, my certificate, written.

E M Morine

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES FEB. 9, 1944

759-102-023-763

PLACE OF BIRTH

REC
JUL. 192
BUREAU VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of ~~Emmett~~ Ola

No. ..... St.

Registration District No. 4

File No. 102432

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD William Odell Perkins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	6/2 192 2

What bactericidal solution was used in eyes? 1% Agno3

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William F Perkins	FULL MAIDEN NAME	Ruth Potter
RESIDENCE	Ola Ida	RESIDENCE	Ola Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ola Ida	BIRTHPLACE	Pollack Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or midwife)

Address Emmett

Filed 9/20 1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 22 1969

132-120-023-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

REC[illegible] JUL [illegible] 1922 BUREAU OF VITAL STATISTICS

County of Gem

City of Emmett

No. ..... St.

Registration District No. .....

File No. 102433

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Ray Charles Alsager
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5 20 1922

What bactericidal solution was used in eyes? 1% Agnos

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Louis Delmar Alsager	FULL MAIDEN NAME	Edna Tolles
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Webster S.D.	BIRTHPLACE	Emmett
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 18 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R L Cummings
(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed 6/14 1922 J L Reynolds
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

Place of Birth — Street: .....

Place of Birth — County: Ada

File Number: 102433

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: May 20 1922

Father: Louis Selmar Olsager (Full Name)

Mother: Edna Alma Tolles (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ray Charles Olsager (Child's Name in Full)

Edna Olsager (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLA[redacted]

142-115
~~[illegible]~~-315

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Burge

City of Horseshoe Bend

No. ..... St. Registration District No. a File No. 102434

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Charles Louis Austin
(Certificate of no value without full name of child.)

Sex of Child male | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 5 15 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Agnos 1%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chas F Austin	FULL MAIDEN NAME	Clara Belle Lanphear
RESIDENCE	Horseshoe Bend	RESIDENCE	Horseshoe Bend
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mechanicsburg, ~~Harrisburg~~ Penn	BIRTHPLACE	Crystal Lake, ~~Chicago~~ Ill
OCCUPATION	Lawyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 53 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address .....

Filed 6/15 1922 J L Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1941

NOV 4 1942

NOV 14 1942

SEP 11 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. 249-101-023-919 St. Registration District No. 6 File No. 102435

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ralph Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
HH		a/a	7/1/1922

What bactericidal solution was used in eyes? Ag No3 1%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Joseph E. Smith	FULL MAIDEN NAME	Agnes Rains
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address .....

Filed 7/2 1922 J L Reynolds
Registrar.

PLACE OF BIRTH

County of Gem

City of Vicinity of Sweet

No. 268-205-023-335 St.

Registration District No. 4

Primary Registration District No.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102436

Registered No.

Full Name of Child Evelyn Josephine Boynton

SEX OF CHILD: Fe	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: July (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Floyd Boynton	FULL MAIDEN NAME	Mabel Clemens
RESIDENCE	Sweet Idaho	RESIDENCE	Sweet
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Emmett Idaho

Filed 7/8 1922 J. L. Reynolds Registrar

PERMANENT RECORD

SEPARATE RETURN must be made for each and the number ... in order of birth stated.

OCT 1 5 1969

STA... IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED JUL 20 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, JUL 13 1922 ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sweet

Street: .....

County: Gem

File Number: 102436

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: July 5 192 2

Father: Floyd Leslie Boynton (Full Name)

Mother: Mabel Irene Clemens (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Evelyn Josephine Boynton (Child's Name in Full)

Mabel Irene Boynton (Signature of Father or Mother)

OCT 15 1969

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

No. 212-224-024-863 St.

Registration District No. 24

File No. 102437

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD MARION JUNE Bascom

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Glen Bascom	FULL MAIDEN NAME	Delcia Holbrook
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	North Dakota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb Rev A. Z

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Filed 7-1- 1922 [signature]

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Riverside }

Certificate No. 102437

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of: Birth (Birth or Death)
for Unnamed daughter (Name on Original Certificate) who was born (Was Born or Died) on June 24th 1922 (Date of Event)
in Wendell Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on 1926 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marion June Bascom

Subscribed and sworn to before me this 20th day of May, 1943

Notary Public, residing at Arlington Cal

My commission expires May 29 1946
(Seal)

Signed Glen Carlton Bascom (father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 Box 241 Arlington Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Riverside }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of May, 1943

Notary Public, residing at Arlington Cal

My commission expires May 29 1946
(Seal)

Signed Delcia S. Bascom (mother)
(Signature of Any Credible Person Other Than Previous Year)

Rt 2 - Box 241 Arlington Calif
(Street Address, City, State)

AUG 4 1943

AUG 6 1943

466-218-024-753

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 5 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman

Registration District No. 24

File No. 102438

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Minnie Rebecca Moore

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 18 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence P. Moore	FULL MAIDEN NAME	Sara Peterson
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per W. Zingg

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Filed 7-1- 1922 F. F. Carymb

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 20 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, July 3 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hagerman

Place of Birth — Street:

Place of Birth — County: Gooding

File Number: 102438

Registration Dist. No.:

Date of Birth: June 18th 1922

Sex of Child: Female

Father: Clarence Lenard Moore (Full Name)

Mother: Sara Emily Peterson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Winnie Rebecca Moore
Child's Name in Full

Mrs. Clarence Moore
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

314-210-024-709

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24 File No. 102439

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Anita Vernette Cady

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 10 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dale Cady	FULL MAIDEN NAME	Verne Porter
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Arkansas
OCCUPATION	Sherrif	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lauch per A. Zingg

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Filed 7-1- 1922 F. Craymer

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUL 20 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Street:

County: Gooding

File Number: 102439

Registration Dist. No.:

Sex of Child: Female

Date of Birth: June 10 1922.

Father: Donald Dale Cady (Full Name)

Mother: Orvis Vernie Porter (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Anita Vernette Cady
Child's Name in Full

Mrs Dale Cady
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

238-227-024-593

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24 File No. 102440

No. ..... St.

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Leslie Edith Schooley

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? White | Date of Birth June 27 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. Schooley	FULL MAIDEN NAME	Bessie Nicholas
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb per A. Z

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Filed 7-1- 1922 F Cary M D

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED AUG 5 BUREAU OF VITAL STATISTICS

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Gooding

Street .....

County Gooding

File Number 102440

Registration Dist. No. .....

Sex of Child Female

Date of Birth June 27 1922.

Father William Schooley
Full Name

Mother Bessie Schooley
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Leslie Edith Schooley.
Child's Name in Full

Bessie Schooley.
Signature of Father or Mother

1943 DEC 9

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

695-107-032-485

PLACE OF BIRTH

[redacted] STATE OF IDAHO
[redacted]NT OF PUBLIC WELFARE
[redacted]AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. R.F.D. St.

Registration District No. 24 File No. 102441

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD William Norman Winter

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 2 1922

What bactericidal solution was used in eyes? 10% Sol Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Wm A Winter	Flora Dell Myers
RESIDENCE	Shoshone Ida	Shoshone Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	23
BIRTHPLACE	Idaho	Texas
OCCUPATION	Farming	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M. D.

(Physician or midwife)

Address Gooding Idaho

Filed 7-1-1922 J. Campbell

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1942

AUG 3 195

319-223-024-314

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

[redacted]AHO
DEPA[redacted]LIC WELFARE
[redacted] OF VITAL STATISTICS

County of Gooding

City of Gooding

No. R.F.D. St.

CERTIFICATE OF BIRTH

102442

Registration District No. 24 File No.

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Laura Sarah Ellen Carpenter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	(To be answered only in event of plural births)	Yes	June 23 1922

What bactericidal solution was used in eyes? 10% Sal Arg yrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Albert B Carpenter	FULL MAIDEN NAME	Lottie Causler
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 12 15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.
(Physician or midwife)

Address Gooding Ida

Filed 7-1-1922 F Carpmd
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

RECEIVED SEP 27 1922 BUR... VITAL ...TICS

DEPARTMENT OF PUBLIC ...ARE

JUL 13 1922

Boise, ...

Dear Madam: ...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vit... ance to have the full name included in the record. Kindly fill in the information requested in the bl... and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATIS...

Place of Birth — City ...

Street ...

County ...

File Number 102442

Registration Dist. No. ...

Date of Birth June 23

Sex of Child ... Female ...

Father ... Full Name

Mother ... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

... Child's Name in Full

... Signature of Father or M...

VERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
H CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

registration is part of every child's birthright.
ablishes legally the date of the child's birth, parentage
.
ables the Public Health Nurse to make sure the child has
l from danger of blindness and other infections at birth.

- - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

correct age for purposes of school attendance.
loyment.
tection under the law.
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ht to vote.
ht to receive pensions and inherit property.
nishes acceptable evidence of genealogy.
ht to get married.
t at this time while many of the Ex-Service men are com-
sh certified copies of certificates of birth, it is im-
e certificates be filed with the BUREAU OF VITAL STATIS-
me completed by furnishing the name of the child.

SE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386-204-024-386

PLACE OF BIRTH

County of Gooding

City of Hagerman

No. ..... St.

Hospital .....

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE [redacted]

BUREAU OF VITAL [redacted]

CERTIFICATE OF BIRTH

Registr[redacted]o. 21 File No. 102443

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Irene Eleanor Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 4 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F L Thompson	FULL MAIDEN NAME	Mabel A Thompson
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hagerman

Registrar

Filed Feb 10 1922 R H Greene Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 1 1 1972

942-120-024-444

Form V. S. No. 11-C—20m-8-21-19

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102444

PLACE OF BIRTH

County of Gooding

City of Hagerman

No. ..... St.

Registration District No. 21

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Clifford Paul Russell

Sex of Child Male

Twin, Triplet or other? ..... and Number in order of birth .....
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feb 20 1922
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Neil Russell	FULL MAIDEN NAME	Mary Ellen Dudley
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	City Marshall	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R W Greene

Physician
(Physician or midwife)

Address Hagerman

Filed 2-8-1922 R W Greene
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-104-024-795

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Goodiing

City of Hagerman

Registration District No. 21 File No. 102445

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD John Clement Palmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar 4 1922

FATHER		MOTHER	
FULL NAME	R C Palmer	FULL MAIDEN NAME	Alla Green
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6:15 a M. on the date above stated.
(Born Alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Green M D

Physician

(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Mar 10 1922 R N Green

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

731-111-024-214

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. 21 File No. 102446

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Delsman Richard Glauner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 11 1922

	FATHER	MOTHER
FULL NAME	Presley Glauner	FULL MAIDEN NAME Elsie J Saut
RESIDENCE	Hagerman	RESIDENCE Hagerman
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Wyoming
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R W Greene MD
Physician
(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Mar 20 1922 R W Greene
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1961
JAN 11 1974

319-117-024-345

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUL 5 1922 BUREAU OF STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gooding

City of Hagerman

Registration District No. 21

File No. 102447

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD KENNETH CLEO Carlton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar 17 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alphonso Carlton	Cora E Cunningham
RESIDENCE	Wendell Ida	Wendell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	36
BIRTHPLACE	Minn	Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene M D

Physician
(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 20 1922 R N Greene.
Registrar

12-15-44

STATE OF WASHINGTON)
: ss
COUNTY OF BENTON)

Cora Sagsvold, being first duly sworn, on oath deposes and says: That she is the mother of Kenneth Cleo Carlton, who was born on the 17th day of March, 1922, at Wendell, Idaho. The father of said Kenneth Cleo Carlton was Alphrom Carlton, now deceased. Dr. Robert Green of Haggerman, Idaho, attended at the birth of the said Kenneth Cleo Carlton. My maiden name was Cora Cunningham. My name is now Cora Sagsvold, I having remarried since the death of my husband Alphrom Carlton.

This affidavit is made to accompany application previously made for ~~delayed~~ birth certificate of Kenneth Cleo Carlton, in which application and other documents connected therewith his name appeared as Cleo Carlton, and I now state that the correct name of Cleo Carlton named in said original papers is Kenneth Cleo Carlton. Dr. Robert Green is now deceased.

Cora Sagsvold.

Subscribed and sworn to before me this 13th day of December, 1941.

M. M. Moulton

Notary Public in and for the State of Washington, Residing at Kennewick.

766-130-024-319

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gooding

City of Wagenman

No. ..... St.

Hospital .....

Registration District No. 21 File No. 102448

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD James William Powell

Sex of Child male | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Mar 30 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Wesley James M. Powell	FULL MAIDEN NAME	Augusta E. Carver
RESIDENCE	Bliss	RESIDENCE	Bliss
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Okla.	COLOR	White
OCCUPATION	Farmer	BIRTHPLACE	Oregon
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

(Signature) R N Greene

Physician

(Physician or midwife)

Address Wagenman

Filed Apr 3 1922 R N Greene

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 6, 1940. E.M.

MAY 13 1952

693 - 205 - 024 - 295

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Goodiing

City of Hagerman Registration District No. 21 File No. 102449

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Eugene Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female			yes	Apr	5	1922

	FATHER	MOTHER
FULL NAME	G S Williams	FULL MAIDEN NAME C A Brendle
RESIDENCE	Hagerman	RESIDENCE Hagerman
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Va.	BIRTHPLACE Va.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6.30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P W Greene

Physician
(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Apr 6 1922 P W Greene
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-21-024-314

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman

Registration District No. 21

File No. 102450

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Henrietta Schooler

Sex of Child	Twin ~~Triplet~~ or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			1	Yes	May 11 1922

FATHER		MOTHER	
FULL NAME	Chas Wilbur Schooler	FULL MAIDEN NAME	Rosetta Campbell
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5-45 a M. on the date above stated.

(Signature) R V Greene

Physician

(Physician or midwife)

Address Hagerman

Filed May 15 1922 R V Greene Registrar

Registrar .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar .....

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-211-024-314

PLACE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman

Registration District No. 21 File No. 102451

No. ..... St.

Hospital .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Margetta Schooler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	Yes	May 11 1922

	FATHER	MOTHER
FULL NAME	Chas Wilber Schooler	FULL MAIDEN NAME Rosetta Campbell
RESIDENCE	Hagerman	RESIDENCE Hagerman
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	45	40
BIRTHPLACE	Iowa	BIRTHPLACE Colo
OCCUPATION	Housewife	OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5-45 A. M. on the date above stated.

(Signature) R H Greene

Physician

(Physician or midwife)

Address Hagerman

Filed May 14 1922 R N Greene

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

185-120-024-319

RECEIVED JUL 1922 BUREAU OF STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102452

County of Gooding

City of Hagerman Registration District No. 24 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Harold Donald Ayres

Sex of Child: Male | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: May (Month) 20 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: Harvey O Ayres	FULL MAIDEN NAME: Elsie A Collins
RESIDENCE: Hagerman	RESIDENCE: Hagerman
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Oregon
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:45 P. M. on the date above stated.

(Signature) W W Greene

Physician

(Physician or midwife)

Address Hagerman

Filed May 22 1922 W W Greene Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 6 1942

255-129-024-383

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. 21 File No. 102453

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Henry Raymond Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 29 1922

FATHER		MOTHER	
FULL NAME	Verner A Bennett	FULL MAIDEN NAME	Mildred E Lytle
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 M. on the date above stated.

(Signature) R H Greene

Physician

(Physician or midwife)

Address Hagerman

Filed June 3 1922 R H Greene

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1943

613-201-024-335

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

County of Gooding

City of Hagerman

Registration District No. 21

File No. 102454

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD June Hale

Sex of Child Female

Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June 1 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Frank Hale	FULL MAIDEN NAME Sarah E. Clement
RESIDENCE Hagerman	RESIDENCE Hagerman
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:10 A. M. on the date above stated.

(Signature) R H Greene

Physician (Physician or midwife)

Address Hagerman

Filed June 3 1922 R H Greene Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

255-103-024-449

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. 21 File No. 102455

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Emmett LeRoy Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	and		Yes	June 3 1922

FATHER		MOTHER	
FULL NAME	Howard L Bennett	FULL MAIDEN NAME	Hilda M Dupree
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:45 a. m.
(Born alive or stillborn)
on the date above stated.

(Signature) R N Greene

Physician
(Physician or midwife)

Address Hagerman

Filed June 6 1922 R N Greene
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-223-024-312

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

JUL 5 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Gooding

CERTIFICATE OF BIRTH

City of Hagerman

Registration District No. 21

File No. 102456

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Laraine Haynes

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth June 23 (Month) (Day) 1922 (Year)

	FATHER	MOTHER
FULL NAME	Jas Haynes	FULL MAIDEN NAME Cora A Lake
RESIDENCE	Hagerman	RESIDENCE Hagerman
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 A M. on the date above stated.

(Signature) R W Greene
Physician

(Physician or midwife)

Address Hagerman

Filed June 28 1922 R W Greene
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1942

JAN 15 1943

141-228-024-799

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

County of Gooding

City of Gooding

Registration District No. 24 File No. 102457

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Vivian Burdell Adamson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	May 28 1922

FATHER		MOTHER	
FULL NAME	John Adamson	FULL MAIDEN NAME	Edith Price
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L W Cary MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Filed 5-29-1922 F F Cary MD

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 9 1943

1955

APR 2 5 1973

155-129-024-195

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

Registration District No. 24

File No. 102458

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Harvey C. Jenkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	May 29 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Jenkins	FULL MAIDEN NAME	E Arnold
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	mo	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F F Carymd

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding Idaho

Filed 5-31- 1922

F F Carymd
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 20 [illegible]
BUREAU OF [illegible]
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 1 [illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Street: .....

County: Gooding

File Number: 102458

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: 29 of May 192 2

Father: Carl Jenkins (Full Name)

Mother: Lizzie Arnold (Full Malden Name)

I HEREBY CERTIFY that the child described herein has been named:

Harvey C. Jenkins (Child's Name in Full)

Carl Jenkins (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

238-215-024-654 ✓

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24

File No. 102459

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Jane Schwertly

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 15 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: John Henry Schwertly	FULL MAIDEN NAME: Loretta Jane Wedgewood
RESIDENCE: Green River Wyo.	RESIDENCE: Green River, Wyo.
COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Draftsman	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lowel
per A. Zingg

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding Idaho

Filed 5-31- 1922

F T Cary MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1947

FEB 15 1955

APR 28 1949

JUN 9 1955

NOV 17 1975

763-218-024-234

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding, ~~Bureau of Vital Statistics~~

City of Bliss

Registration District No. 24

File No. 102460

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ella Mae Potter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	May 18 1922

FATHER		MOTHER	
FULL NAME	Edgar Potter	FULL MAIDEN NAME	Mary Frances Sturges
RESIDENCE	Bliss, Ida	RESIDENCE	Bliss, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P M M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb
Rev A. Zingg
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding Idaho

Filed 5-31- 1922

F T Carymo
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 [redacted]

JUL 21 1942

313-221-024-367

PLACE OF BIRTH

RECEIVED JUN 2 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Gooding,

City of Gooding,

Registration District No. 24 File No. 102461

No. ..... St.

Hospital .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Caldwell Elizabeth Louise

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	May 21, 1922

FATHER	MOTHER
FULL NAME: Verne V, Caldwell	FULL MAIDEN NAME: Besse M. Cox
RESIDENCE: King Hill, Ida	RESIDENCE: King Hill, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Kansas
OCCUPATION: Teacher	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:15 A.M. on the date above stated.

(Signature) N. E. Land per W.J.

(Physician or midwife)

Address Gooding Idaho

Filed 5-31-22 F Raymond Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WORKS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ..... Gooding

Street ..... Gooding Hospital

County ..... Gooding

File Number 102461

Registration Dist. No. .....

Sex of Child ..... Female

Date of Birth ..... May 21, 1922

Father ..... Verne V. Caldwell
Full Name

Mother ..... Bessie May Cox
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

ELIZABETH LOUISE CALDWELL
Child's Name in Full

Mrs. V. V. Caldwell
Signature of Father or Mother

OCT 8

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-127-024-194

PLACE OF BIRTH

[redacted] ARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 24

File No. 102462

Hospital Gooding

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Armour Lloyd Smith

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 27 1922

What bactericidal solution was used in eyes? 10% Sol Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ernest H Smith	FULL MAIDEN NAME	Zedna Armour
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Kans
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell, M. D.

(Physician or midwife)

Address Gooding Idaho

Filed 6-9-1922 J. T. Carpmt

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 27 1942

314-218-024-316

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102463

County of Gooding

City of Gooding

No. ____ St.

Hospital

Registration District No. 24

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Marian Claudia Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	May 18 1922

What bactericidal solution was used in eyes? 10 % Sol. Silvol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Claude C Campbell	FULL MAIDEN NAME	Esther Low
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Wisconsin
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell, M.D.
(Physician or midwife)

Address Gooding Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 6-9-1922 F Campbell
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASON[illegible] [illegible]ICATE OF BIRT[illegible]
[illegible]E FILED FOR EACH CHI[illegible] [illegible]ETED WIT[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

File Number: 102463

Street:

Registration Dist. No.:

County: Gooding

Date of Birth: May 1922

Sex of Child: Female

Father: Claude Curen Campbell (Full Name) Mother: Esther Low (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marian Claudia Campbell
Child's Name in Full

Mrs. Esther Campbell
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

445-215-024-799

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman

No. ____ St.

Registration District No. 24

File No. 102464

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Richard Elmer Dunn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	May 15 1922

What bacterieidal solution was used in eyes? 10 % Sol. Silvol

Number of child of this mother, including present birth? 9 Number of child of this mother now living, including present birth. 9

FATHER		MOTHER	
FULL NAME	James F Dunn	FULL MAIDEN NAME	Agnes Goodley
RESIDENCE	Hagerman Idaho	RESIDENCE	Hagerman Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J H Cranmell M. D.
(Physician or midwife)

Address Gooding Idaho

Filed 6-9-1922 F E Canyon
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

EAST

BUREAU OF VITAL STATISTICS

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital i
ance to have the full name included in the record. Kindly fill in the information requested in the blank
and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTIC

Place of Birth — City: Wagerman Ida — Street: ..... — County: Gooding

File Number: 102464

Registration Dist. No. .....

Sex of Child: ~~Female~~ Male

Date of Birth: May 15 19

Father: James F Dunn (Full Name)

Mother: Agnes M. Gra (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Richard Elmer Dunn
Child's Name in Full

Agnes Dunn
Signature of Father or Mothe

192... FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

mport-
below rth registration is part of every child's birthright.

S. establishes legally the date of the child's birth, parentage
imacy.

—— t enables the Public Health Nurse to make sure the child has
ected from danger of blindness and other infections at birth.

..... - - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

..... The correct age for purposes of school attendance.
Employment.
Protection under the law.
92.2. Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
..... Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.

Just at this time while many of the Ex-Service men are com-
..... furnish certified copies of certificates of birth, it is im-
hat the certificates be filed with the BUREAU OF VITAL STATIS-
the same completed by furnishing the name of the child.

..... PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

594-213-024-255

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 24 File No. 102465

Hospital Gooding Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Sarah Roberta ~~Bennett~~ Erdmann
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl		yes	May 13 1922

What bactericidal solution was used in eyes? 10% Sol Silvol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert G Erdman	FULL MAIDEN NAME	Sarah P Bennett
RESIDENCE	Tuttle Idaho	RESIDENCE	Tuttle Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.
(Physician or midwife)

Address Gooding Idaho

Filed 6-4-1922 F V Carymon
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867-211-024-614

PLACE OF BIRTH

amended 3/12/81

JUN 2 1982

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 24

File No. 102466

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Cleva May Hopper
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yr	May 11 1922

What bactericidal solution was used in eyes? 10% Sol. Silvol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Grover C Hopper	FULL MAIDEN NAME	May Waddell
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell, M.D.
(Physician or midwife)

Address Gooding Idaho

Filed 6-9-1922 F. F. Cayman
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1942

10-15-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED JAN 20 1981 Bureau of Vital Statistics

State of California
County of Merced } ss.

Certificate No. 102466
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Clara May Hopper (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 11, 1922 (Date of Event)
in Gooding (Gooding) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs first name	Clara	Cleva

OFFICIAL SEAL
MELINDA PEREIRA
NOTARY PUBLIC — CALIFORNIA
MERCED COUNTY
My Commission Expires Sept. 17, 1982

Subscribed and sworn to before me this 12th day of January, 19 81

Notary Public, Melinda Pereira
Residing at Los Banos, CA
My commission expires 9-17-82
(Seal)

Cleva May Schmitt
Signature of Applicant
34 Poppy Lane, Los Banos, Ca.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gooding } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge. The father's name was Cleve and mother's May, so the name Cleva May.

Subscribed and sworn to before me this 31st day of October, 19 80

Notary Public, Mary Schmitt
Residing at Gooding, Idaho
My commission expires Feb. 10, 1981
(Seal)

Supporting Signature
204 Washington St., Gooding, Idaho 83330
Street Address, City, State

Diploma from Shoshone High School gives name as Cleva May Hopper. Dated. May 15, 1940 viewed by D.S.

Baptismal record from First Baptist Church of Shoshone, Idaho gives name as Cleva Hopper dated January 12, 1941 & became a member on April 8, 1941. viewed by D.S.

154-119-025-312

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St. .....

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 152468

Primary Registration District No. 781 Registered No. 30

FULL NAME OF CHILD Delbert Fay Andrews
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	June 19 1922

What bactericidal solution was used in eyes? 1% Sol Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Fay A Andrews	FULL MAIDEN NAME	Vida May Cash
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton
(Physician ~~or midwife~~)

Address Grangeville Ida

Filed July 1 1922 G S Stockton
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH S.
ED FOR EACH CHILD AND THE SAME COMPLETED WITH THE

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Grangeville

Street:

County: Idaho

File Number: 102468

Registration Dist. No.:

Sex of Child: Male

Date of Birth: June 19 1922

Father: Fay Howard Andrews (Full Name)

Mother: Viola May Cash (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Delbert Fay Andrews (Child's Name in Full)

Viola May Andrews (Signature of Father or Mother)

It establishes legally the date of the child's birth, pa
and legitimacy.

It enables the Public Health Nurse to make sure the ch
been protected from danger of blindness and other infections at

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men a
pelled to furnish certified copies of certificates of birth, it
portant that the certificates be filed with the BUREAU OF VITAL
TICS and the same completed by furnishing the name of the child

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

395-113-025-365

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 102469

Primary Registration District No. 2181 Registered No. 29

FULL NAME OF CHILD Earl Theodore Crea

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	June 13, 1922

What bactericidal solution was used in eyes? 10% Sol Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William J. Crea	FULL MAIDEN NAME	Mary A Loomis
RESIDENCE	Idaho Co	RESIDENCE	Idaho Co
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-35 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) G S Stricklin

(Physician ~~or midwife~~)

Address Grangeville Ida

Filed July 1 1922 G S Stricklin **Registrar.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1943

395-209-025-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102470

County of Idaho
City of Grangeville
No. ..... St.
Hospital

Registration District No. 103
Primary Registration District No. 2181
File No.
Registered No. 28

FULL NAME OF CHILD Maxine Lorraine Osea
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	June 9 1922

What bactericidal solution was used in eyes? 10% Sol Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thomas W Osea	FULL MAIDEN NAME	Lucille G Hansen
RESIDENCE	Idaho Co	RESIDENCE	Idaho Co
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 32 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stocklin
(Physician or midwife)
Address Grangeville Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed July 1 1922 G S Stocklin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1943

783-201-025-264

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St. ..... Registration District No. 103 File No. 102471

Hospital ..... Primary Registration District No. 1081 Registered No. 27

FULL NAME OF CHILD Verna Ellen Potter
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	June 1 1922

What bactericidal solution was used in eyes? 1% Sol Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Silver W Potter	FULL MAIDEN NAME	Gladys G Soderburg
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Address Grangeville Ida

Filed July 1 1922 G S Stockton

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-101-026-819

PLACE OF BIRTH

STATE OF IDA[redacted]
DEPARTMENT OF PUB[redacted]
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Registration District No. 98 File No. 102472

Hospital home

Primary Registration District No. 2176 Registered No. 209

FULL NAME OF CHILD Harper Kay Morris
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	May 1 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Herbert J. Morris	FULL MAIDEN NAME	Norma Harper
RESIDENCE	Lewisville Ida	RESIDENCE	Lewisville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Crescent Utah	BIRTHPLACE	Holliday Utah
OCCUPATION	Farmer	OCCUPATION	Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Call M.D.

(Physician or midwife)

Give names added from a supplemental report.

Address Rigby Idaho

....., 192....

Filed 6-10 1922 Ray H. Fisher
Registrar.

Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

042

00

...L REA...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Rigby
- Street: .....
- County: Jefferson

File Number: 102472

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: May 1st 1922

Father: Herbert James Morris
Full Name

Mother: Norma Harper
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Harper Kay Morris
Child's Name in Full

Norma H. Morris
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, pa
and legitimacy.

It enables the Public Health Nurse to make sure the ch
been protected from danger of blindness and other infections at

-.- - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men a
pelled to furnish certified copies of certificates of birth, it
portant that the certificates be filed with the BUREAU OF VITAL
TICS and the same completed by furnishing the name of the child

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 244-130 926-819

County of Jefferson

City of Perry

No. ..... St.

Hospital home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS 1922

CERTIFICATE OF BIRTH

102473

Registration District No. 98 File No.

Primary Registration District No. 2175 Registered No. 208

FULL NAME OF CHILD Ralph William Summers
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m		yes	4/30 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph B Summers	FULL MAIDEN NAME	Nettie Harris
RESIDENCE	Perry	RESIDENCE	Perry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	18	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Perry Ward Ida	BIRTHPLACE	Lawrenceburg Tenn
OCCUPATION	Farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 12 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call M.D.

Rigby Ida
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address

Filed 6-30 1922 Ray H Fisher
Registrar.

K

ERAL REASONS WHY A CERTI
D AND THE SAME

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number .....102473.....

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child.....Male.....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Child's Name in Full

..... Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH 316-226-026-366

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson
City of Garfield
No. ..... St.
Hospital home

Registration District No. 98 File No. 102474
Primary Registration District No. 2176 Registered No. 207

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
f		no	4/26/22

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harold Law	FULL MAIDEN NAME	Blanch Rowe
RESIDENCE	Blackfoot Ida	RESIDENCE	Garfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	18	AGE AT LAST BIRTHDAY (Years)	15
BIRTHPLACE	Garfield Ida	BIRTHPLACE	Rigby Ida
OCCUPATION	Farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Call M.D.
(Physician or midwife)

Give names added from a supplemental report.

Address Rigby Idaho

....., 192....

Filed 6-10 1922 Ray H Fisher
Registrar.

Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
E FILED FOR EACH CHILD [illegible] CHILD

Dep of 1922-275419

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 102474

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child ..... Female .....

Father ..... Mother .....

Full Name — Full Maiden Name

HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH 313-225-026-916

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Jefferson

City of Menan

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. ..... St.

Registration District No. 98 File No. 102475

Hospital home

Primary Registration District No. 2176 Registered No. 206

FULL NAME OF CHILD Kella Cottle
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
f		Yes	4/25/22

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Wm S. Cottle	FULL MAIDEN NAME	Elizabeth Rawson
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Plane City Ut.	BIRTHPLACE	Plane City Ut.
OCCUPATION	farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Call Md
(Physician or midwife)

Give names added from a supplemental report.

Address Ripley Ida.

....., 192....

Filed 6-10 1922 Ray H. Fisher
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 14 1944

363-214-026-128

PLACE OF BIRTH

amended 5/22/81

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 102476

Hospital home

Primary Registration District No. 2176 Registered No. 203

FULL NAME OF CHILD Nelma Tolman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	4 14 192

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Austin Tolman	FULL MAIDEN NAME	Clara Ashdown
RESIDENCE	Rigby Ida.	RESIDENCE	Rigby Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Bountiful Utah	BIRTHPLACE	Bountiful Utah
OCCUPATION	School teacher	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Rigby Idaho

Filed 6-30 1922 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 18 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 102476

Date Filed .....

22 1 49 PM '81

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Naomi Tolman (Name on Original Certificate) who was born (Was Born or Died) on April 14, 1922 (Date of Event)

in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Naomi Tolman	Nelma Tolman

Subscribed and sworn to before me this 28th day of March, 1974

Dean R. Featherstone

Notary Public, residing at 225 Orchard Dr Bamberg

My commission expires May 24 1974

(Seal)

Signed Alice A. Tolman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of February, 1979

[illegible]

Notary Public, residing at Salt Lake City, Utah

My commission expires January 12, 1983

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 3/15/74

MAY 22 1981

Cert. of Birth from LDS Church gives name as Nelma Tolman born 4-14-22 at Rigby, Jefferson County, ID to Justin D. Tolman and Alice V. Ashdown. Entered on record 7 May 1922. Viewed by V.S.

Social Security card gives name as Nelma Tolman dated 11-17-39 #529-16-3916. Viewed by V.S.

249-113-026-986

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson
City of Ripley, Ida
No. ..... St.
Hospital home
Registration District No. 98
Primary Registration District No. 2176
File No. 102477
Registered No. 201

FULL NAME OF CHILD Clyde Wm Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m		Yes	4/13 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	James F. Smith	FULL MAIDEN NAME	Ivy Rhodes
RESIDENCE	Ripley Ida	RESIDENCE	Ripley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Lehi Utah
OCCUPATION	Farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Ripley, Idaho

Filed 6-30 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REAS [illegible] ICATE OF [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ark

Street: .....

County: Jefferson

File Number: 102477

Registration Dist. No.: 35

Sex of Child: Male

Date of Birth: April 13 1922

Father: James Thomas Smith (Full Name)

Mother: Iva Rhodes (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ayla Williams (Child's Name in Full)

J. F. Smith (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, p
and legitimacy.

It enables the Public Health Nurse to make sure the c
been protected from danger of blindness and other infections a

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men
pelled to furnish certified copies of certificates of birth,
portant that the certificates be filed with the BUREAU OF VIT
TICS and the same completed by furnishing the name of the chi

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD

315-115-026-363

PLACE OF BIRTH

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-13

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98 File No. 102478

Primary Registration District No. 2176 Registered No. 199

FULL NAME OF CHILD Cyril Drew O'Laveson

Sex of Child M | Twin / Triplet / or other? / (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth June 15 (Month) (Day) 22 (Year)

FATHER

FULL NAME James O'Laveson

RESIDENCE Menan

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Joan Lott

RESIDENCE Menan

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah

OCCUPATION At home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 40 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Filed June 30 19 22 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JAN 4 1923
BUREAU OF VITAL STATISTICS

Boise, Idaho, JUL 1 3 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Nampa

Street: .....

County: Canyon

File Number: 102478

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: June 15 1922.

Father: Laurence A. Clawson (Full Name)

Mother: Sarah Joan Lott (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Cyril Lew Clawson
Child's Name in Full

Joan Clawson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

331-127-026-316

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 1 1922

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ____ St.

Registration District No. 98 File No. 102479

Hospital ____ Primary Registration District No. 2176 Registered No. 200

FULL NAME OF CHILD Dean L. Clark
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Male	6 27 1922

What bacterioidal solution was used in eyes? Ag

Number of child of this mother, including present birth 21 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Howard Clark	Alice Lawson
RESIDENCE	Menan	Menan
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	26 (Years)
BIRTHPLACE	Ind VA	Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1136 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Chas L Moody MD
(Physician or midwife)

Address Menan Ida

Filed 6-30 1922 Ray Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Mpenau

Street: .....

County: Jefferson

File Number: 102479

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: June 27 1922

Father: Joseph Howard Clark (Full Name)

Mother: Alice Irean Lawson Clark (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dean L. Clark
Child's Name in Full

Joseph Howard Clark
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

middle name a[redacted]

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Jeffersen

City of Rigby

No. 749-202-026-555, St.

Registration District No. 98

File No. 102480

Primary Registration District No. 2176

Registered No. 215

Hospital

FULL NAME OF CHILD Mable ~~June~~ Helen Purser

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	June 2 1922

FATHER		MOTHER	
FULL NAME	LeRoy Purser	FULL MAIDEN NAME	Martha ann Evens
RESIDENCE	Rigby Idaho	RESIDENCE	Rigby Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Seeders Idaho	BIRTHPLACE	Lehi Utah
OCCUPATION	Farming	OCCUPATION	home maker

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Helen Purser Kite
Midwife
(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby Idaho

Filed 6-30 1922 Ray H Fisher
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17828

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

2-24-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 5 9 56 AM '84

State of _____ } ss.
County of _____ }

Certificate No. 102480
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Mable June Purser (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 2, 1922 (Date of Event)
in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Mable June Purser	Mable Helen Purser

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

x Mable Helen Heck
Signature of Applicant
x 14507 Chevalier
Street Address, City, State
Baldwin Park Calif
91706

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ARIZONA } ss.
County of MARICOPA }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of March, 1984.
Notary Public, Jacqueline J Johnson
Residing at Mesa, Ariz
My commission expires My Commission Expires Oct. 5, 1986
(Seal)

x Esra Bischoff
Supporting Signature
x 813 So Evangeline
Street Address, City, State
Mesa Arizona 85208

2cc pd

Family Bible record lists Mable Helen Purser born June 2, 1922 in Jefferson County. Obviously old record Viewed by V.S.

APP

Family record shows Mable Helen Purser born June 2, 1922 at Rigby was married to Ralph Francis Heck April 8, 1940 in Blackfoot. Viewed by V.S.

PLACE OF BIRTH 799-119-026-632

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102481

County of Jefferson

City of Ripley

No. ..... St. Registration District No. 98 File No. .....

Hospital Home Primary Registration District No. 2176 Registered No. 214

FULL NAME OF CHILD Edward William Price
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m		Yes	June 19 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Henry Price	FULL MAIDEN NAME	Elsie Olson
RESIDENCE	Ripley Ida	RESIDENCE	Ripley, Ida.
COLOR	White AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Draper, Utah	BIRTHPLACE	Mineral Ida.
OCCUPATION	Farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] MD
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Ripley Ida.

Filed 6-30 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1944

S99-102-026-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUL 1 192
BUREAU OF VITAL STATISTICS

County of Jefferson
City of Lewisville
No. ..... St.
Hospital home

Registration District No. 98 File No. 102483
Primary Registration District No. 2176 Registered No. 211

FULL NAME OF CHILD Irwin Chester Erickson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	May 2 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Elnor E. Erickson	FULL MAIDEN NAME	Eunice M. Harmon
RESIDENCE	Lewisville Ida	RESIDENCE	Lewisville Ida
COLOR	White AGE AT LAST BIRTHDAY 22 (Years)	COLOR	White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Murray Utah	BIRTHPLACE	Star Valley Wyo.
OCCUPATION	Farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

[signature] Ida
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address

Filed 5-30 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, JUL 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lincoln

Street: main

County: Jefferson

File Number: 102483

Registration Dist. No.:

Sex of Child: Male

Date of Birth: May 2 192 2

Father: Elmer Eric Erickson (Full Name)

Mother: Emma Marie Harmon (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dewain Chester Erickson

Child's Name in Full

Emma M. Erickson

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 719-206-026-213

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Mylo

No. ..... St.

Registration District No. 98 File No. 102484

Hospital home

Primary Registration District No. 2176 Registered No. 213

FULL NAME OF CHILD Ila Garn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June (Day) 6 (Year) 1922
f		Yes	

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Elmer G. Garn	FULL MAIDEN NAME	Eliza Bacon
RESIDENCE	Rigby RD 1	RESIDENCE	Rigby No 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Centerville Ut.	BIRTHPLACE	Raysville Ut.
OCCUPATION	Farmer	OCCUPATION	home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Call M.D.

(Physician or midwife)

Give names added from a supplemental report.

Address Rigby Idaho

..... 192....

Filed 6-30 1922 Ray H Fisher

Registrar. Registrar.

SEVERAL REASONS WHY A CERTIFICATE O[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street Mila

County Bonneville

File Number 102484

Registration Dist. No. .....

Sex of Child Female

Date of Birth June 6 1922.

Father Geo. Edmund Garn
Full Name

Mother Eliza Ann Jacon
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ila Garn
Child's Name in Full

Geo. E. Garn
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

864-217-026-814

PLACE OF BIRTH

Form V. S. No. 11—20m-7-20-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

Registration District No. 98 File No. 102485

No. ..... St.

Primary Registration District No. 2176 Registered No. 216

Hospital .....

FULL NAME OF CHILD Fern Laren Housley

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 6 (Month) 17 (Day) 22 (Year)

FATHER		MOTHER	
FULL NAME	Jesse Housley	FULL MAIDEN NAME	Leah I Hansen
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B A (Born alive or stillborn) at 8 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Menan

Filed 6-30 1922 Ray H Fisher

Registrar. Registrar.

...GIN RESERVED FOR BINDING

...LAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Menan Idaho

Street: .....

County: Menan Idaho

File Number: 102485

Registration Dist. No.: .....

Sex of Child: Female

Date of Birth: 17 June 192[illegible]

Father: Jessie Fredrick Housley (Full Name)

Mother: Leah Eanger Hansen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Fern Larsen Housley
Child's Name in Full

Leah Housley
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME

- - - - - - - - - - -

Birth registration is part of every child's birthright

It establishes legally the date of the child's birth, and legitimacy.

It enables the Public Health Nurse to make sure the been protected from danger of blindness and other infections

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men pelled to furnish certified copies of certificates of birth, i portant that the certificates be filed with the BUREAU OF VITA TICS and the same completed by furnishing the name of the chil

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

331-124-026-331

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lorenzo

No. ..... St.

Hospital .....

Registration District No. 98 File No. 102486

Primary Registration District No. 2176 Registered No. 218

FULL NAME OF CHILD Kermit Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			5 24 1922

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Artemis Clark
RESIDENCE		RESIDENCE	Lorenzo
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] at 4:10 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar.

Filed 6-30 1922 Ray H Fisher

Registrar.

MARGIN RESERVED FOR BINDING

...E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

...—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 1 10 45 AM '76

State of ..... } ss.
County of ..... }

Certificate No. 102486

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Clark (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 24, 1922 (Date of Event)
in Lorenzo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Kermit Clark

Subscribed and sworn to before me this 6th day of April, 1976

Notary Public, residing at Ellensburg, Wash
My commission expires May 21, 1976
(Seal)

Signed [signature] Frank
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 3/31/76

Honorable Discharge from the U.S. Am Army gives name as Kermit Clark. born May 24, 1922 at Lorenzo, Idah. date of separation ~~given~~ given as July 5, 1946. viewed by V. S.

DEC 14 1976

Certif of Ordination to the Holy Priesthood gives name as Kermit Clark ordained a Deacon gives birthdate as May 24, 1922. Baptized Oct 7, 1934. mother's name as Artimissia Clark. father not listed. viewed by V. S.

619-203-026-168

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 98 File No. 102487

No. ..... St.

Primary Registration District No. 2176 Registered No. 217

Hospital .....

FULL NAME OF CHILD Norma Farr

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 6 (Month) 3 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Verne W. Farr	FULL MAIDEN NAME	Leona Johnson
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 9:30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Menan

Filed 6-30 1922 Ray H Fisher

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

...—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 13 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 102487

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Farr (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on June 3, 1922 (Date of Event)
in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church + School Record (Bible Record, Insurance Policy, Etc.) prepared on 1922 and 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Norma Farr

Subscribed and sworn to before me this 7th day of November, 1968

CHURCHILL COUNTY
Notary Public, residing at 325 W. Williams
My commission expires June 6 1972
(Seal)
ED WITT, JR.
NOTARY PUBLIC, STATE OF NEVADA
My Commission Expires June 6, 1972

Signed Gladys Saunders
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
337 N. Russell St. Fallon Nevada.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Churchill }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of November, 1968

CHURCHILL COUNTY
Notary Public, residing at 325 W. Williams
My commission expires June 6 1972
(Seal)
ED WITT, JR.
NOTARY PUBLIC, STATE OF NEVADA
My Commission Expires June 6, 1972

Signed William A. Deal
(Signature of Any Credible Person)
465 S. Allen, Fallon, Nev
(Street Address, City, State)

FORM DH 60. 155 CL 10-29-68. one copy pd.

LDS Church Certificate of Birth, entered on record August 6, 1922, gives full name of child as Norma Farr, born June 3, 1922 at Lewisville, Idaho to Vern W. Farr and Leone Johnson - viewed by VS.

DEC 5 1968

Photocopy of College Grade Transcript, San Francisco State College, Fall of 1941, gives name of student as Norma Morgan (nee Farr), date of birth June 3, 1922, at Lewisville, Idaho, lists parent as Mr. V. W. Farr - viewed by VS.

813-208-026-319

PLACE OF BIRTH

Form V. S. No. 11—30m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JUL 1 1922
VITAL STATISTICS

County of Jefferson

City of Rigby

Registration District No. 98 File No. 102488

No. ..... St.

Primary Registration District No. 2176 Registered No. 219

Hospital .....

FULL NAME OF CHILD VELMA RUTH YATES

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	5	8	1922

FATHER		MOTHER	
FULL NAME	Clarence Yates	FULL MAIDEN NAME	Melvina Carr
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos S Moody M.D.

(Physician or midwife)

Given names added from a supplemental report.

....., 19.....

Address Menan Idaho

Filed 6-30 1922 Ray H Fisher

Registrar.

.....

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem

Certificate No. 102488
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death)
for UNNAMED YETES (Name on original certificate) who Was born (Was born or died) on May 8, 1922 (Date of event)
in ANNIS, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church Baptismal Record (Bible record, insurance policy, etc.) prepared on — (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Yetes	Velma Ruth Yates
Father's name	Yetes	C. H. Yates
Mother's name	Lavina	Melvina CARR YATES

Subscribed and sworn to before me this 27th day of September, 1944.
Thos. Y. Sweeram
Notary Public, residing at Emmett,
My commission expires Oct. 15, 1944
[SEAL]

Signed Mrs C. H. Yates.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of GEM

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of September, 1944.
Thos. Y. Sweeram
Notary Public, residing at Emmett, Idaho
My commission expires Oct. 15, 1944
[SEAL]

Signed John A. Averett
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

253-207-026-493

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102489

County of Jefferson

City of Labelle

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 221

Hospital

FULL NAME OF CHILD Elizabeth Beck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f				yes	6 - 7 - 22

FATHER		MOTHER	
FULL NAME	Clarence Beck	FULL MAIDEN NAME	Elsie Miller
RESIDENCE	Labelle	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 15 P M. on the date above stated.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Filed 6-30 1922 Ray H Fisher Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-224-026-168

PLACE OF BIRTH

Form V. S. No. 11—30m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Meltan

Registration District No. 98 File No. 102490

No. ..... St.

Primary Registration District No. 276 Registered No. 220

Hospital .....

FULL NAME OF CHILD Marion Hope Lott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			yes	4	24	1922

FATHER		MOTHER	
FULL NAME	John S Lott	FULL MAIDEN NAME	Hilda Johnson
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 A M. on the date above stated.

(Born alive or stillborn)

(Signature) Chas S Moody MD

(Physician or midwife)

Address Menan Ida

Filed 6-30 1922 Ray H Fisher

Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Name taken from Certificate of Baptism and Confirmation submitted 5-13-44

MAY 13 1944

342-122-026-522

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 102491

Primary Registration District No. 2176 Registered No. 205

Hospital .....

FULL NAME OF CHILD Floyd Luke

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Twin	2nd	yes	4-22-22

FATHER		MOTHER	
FULL NAME	Melvin Luke	FULL MAIDEN NAME	Clarissa Esplin
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Agriculture Agt	OCCUPATION	At home

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 50 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call
(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19.....

..... Registrar.

Filed 6-30 19 22 Ray Huck Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4

NOV 24 1942

MAY 24 1945

DECEASED

342-122-026-527

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUL 1 1922
VITAL STATISTICS

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 102492

Primary Registration District No. 2176 Registered No. 204

FULL NAME OF CHILD Lloyd Luke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Twin	1st	yes	4-22-19 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Melvin Luke	Clarissa Eaton
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	42
BIRTHPLACE	Utah	Utah
OCCUPATION	Agricultural Agent	At home

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Call
(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

Filed 6-30 1922 Ray Finch
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 24 1943.

155-230-026-462

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

County of Jefferson
City of Clark
No. ____ St. ____ Registration District No. 98 File No. 102493
Hospital Home Primary Registration District No. 2176 Registered No. 212

FULL NAME OF CHILD Clara Marie Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	May 30 1922

What bacteriolidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Andrew H. Jensen	FULL MAIDEN NAME	Kathleen Moses
RESIDENCE	Clark Ranch	RESIDENCE	Clark
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	St Johns Arizona	BIRTHPLACE	Murray Utah
OCCUPATION	Farmer	OCCUPATION	Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Call M.D.
(Physician or midwife)
Address Rigby Idaho

Give names added from a supplemental report.

....., 192.....
.....
Registrar.

Filed 6-30 1922 Ray H. Fisher
Registrar.

N. B.—IN CASE OF MORE THAN ONE CHILD AT BIRTH A SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital imp ance to have the full name included in the record. Kindly fill in the information requested in the blank be and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Rigby
- Street:
- County: Jefferson

File Number: ~~102480~~ 1024

Registration Dist. No.:

Date of Birth: May 30 192

Sex of Child: Female

Father: Andrew Hyrum Jensen
Full Name

Mother: Kathleen ~~Jen~~ M
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Clara Marie Jensen
Child's Name in Full

Andrew H Jensen
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com- to furnish certified copies of certificates of birth, it is im- at that the certificates be filed with the BUREAU OF VITAL STATIS- and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

394-201-026-445

PLACE OF BIRTH

County of Jefferson

City of Ryley #1

No. ..... St.

Hospital Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1922 CERTIFICATE OF BIRTH

Registration District No. 98 File No. 102494

Primary Registration District No. 2176 Registered No. 210

FULL NAME OF CHILD ALICE ELIZABETH CRUMP

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	5/1/22

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Samuel W Crump	FULL MAIDEN NAME	Ida Duerden
RESIDENCE	Ryley #1	RESIDENCE	Ryley #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE	Bountiful Utah
OCCUPATION	Farmer	OCCUPATION	Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O.F. Call MD

(Physician or midwife) Ryley Idaho

Address

Filed 6-10 1922 Ray H Fisher

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

N. B.—IN CASE OF MORE THAN ONE CHILD AT BIRTH A SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAMED FROM CARD 12/23/42 Z.J.

DEC 24 1942

318-102-027-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St. ..... Registration District No. 23 File No. 102501

Hospital Home Primary Registration District No. 1017 Registered No. .....

FULL NAME OF CHILD Delbert Perlan Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth
M.	5. (To be answered only in event of plural births)	Yes	Jan 2 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Albert Taylor	FULL MAIDEN NAME	Lissa Willits
RESIDENCE	Jerome, Ida	RESIDENCE	Jerome, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller
M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Jerome, Ida

Filed June 20 1922 E. D. Piper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam: BUREAU OF VITAL STATISTICS

The name of your baby was not filled in on the birth certificate sent this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerome - Idaho

File Number: 102501

Street:

Registration Dist. No.:

County: Jerome

Sex of Child: Male

Date of Birth: Jan. 2nd 192.2.

Father: Albert J. Taylor (Full Name)

Mother: Lissa Willits (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Delbert Verlan Taylor

Child's Name in Full

Mrs. Albert Taylor

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

108-12-027-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome
City of Jerome
No. ..... Registration District No. 23 File No. 102502
Hospital Home Primary Registration District No. 1017 Registered No. .....

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Orla Rebecca Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7	1	Yes	Jan 12 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leland S. Johnson	FULL MAIDEN NAME	Ruth E Walkington
RESIDENCE	Jerome, Ida.	RESIDENCE	Jerome, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Zeller
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Jerome Ida.

Filed June 20 1922 E. D. Piper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME CO[illegible] BY THE U[illegible]

- - - -

BUREAU OF VITAL STATISTICS.

ity ....Jerome.....

File Number .....102502.....

treet .....

Registration Dist. No. .....

ounty ....Jerome.....

Date of Birth ..January 12th....1922..

hild.....Female.....

Leland S. Johnson
Full Name

Mother Ruth Walkington Johnson
Full Maiden Name

3Y CERTIFY that the child described herein has been named:

Orla Rebecca Johnson
Child's Name in Full

Mrs. L. S. Johnson
Signature of Father or Mother

It establishes legally the date of the child's birth and legitimacy.

It enables the Public Health Nurse to make sure th been protected from danger of blindness and other infection

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - -

1. The correct age for purposes of school attendance
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service m pelled to furnish certified copies of certificates of birth portant that the certificates be filed with the BUREAU OF V TICS and the same completed by furnishing the name of the c

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CH

Place of Birth { C S C

Sex of C

Father

I HEREB

215-108-027-295

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102503

County of Jerome

City of Jerome

No. ..... St. ..... Registration District No. 23 File No. .....

Hospital Home Primary Registration District No. 1017 Registered No. .....

FULL NAME OF CHILD Elmer James Sanderson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		4	Yes	June 2 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Lorin J. Sanderson	FULL MAIDEN NAME Edna May Barlow
RESIDENCE	Jerome, Ida	RESIDENCE Jerome, Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	Utah	BIRTHPLACE Nebraska
OCCUPATION	Painter	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller M. D.

(Physician or midwife)

Address Jerome Ida

Filed June 20 1922 E. D. Pyper M. D.

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1957

SEVERAL REA[illegible]

BE FILED FOR EACH [illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importe to have the full name included in the record. Kindly fill in the information requested in the blank below return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

---

ce f th

City ....Jerome.....

Street .....

County ....Jerome County....

File Number .....102503.....

Registration Dist. No. .....

: of Child.....Male.....

Date of Birth ..January 8.....192.2.

her Lorin James Sanderson
Full Name

Mother Edna May Brewer Sanders
Full Maiden Name

IEREBY CERTIFY that the child described herein has been named:

.....Elmer James Sanderson.....
Child's Name in Full

.....Mrs Edna Sanderson.....
Signature of Father or Mother

Birth registration is part of every child's birt

It establishes legally the date of the child's b
and legitimacy.

It enables the Public Health Nurse to make sur
been protected from danger of blindness and other infec

- - - - IT SHOWS AT LATER PERIODS OF LIFE: -

1. The correct age for purposes of school atten
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit proper
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Servi
pelled to furnish certified copies of certificates of b
portant that the certificates be filed with the BUREAU
TICS and the same completed by furnishing the name of t

[redacted] BY FURNISHING THE NAME OF YOUR

155-220-027-281

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 24 1922 BUREAU OF VITAL STATISTICS

County of Jerome
City of Jerome
No. ..... St.
Registration District No. 23
Hospital home
Primary Registration District No. 1017 2017
File No. 102504
Registered No. .....

FULL NAME OF CHILD Helen Laverne Jennings
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	and	2	yes	Jan. 20. 1922

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Hershell C. Jennings	FULL MAIDEN NAME	Melda T. Shafer
RESIDENCE	Jerome, Ida.	RESIDENCE	Jerome, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) C. T. Zeller M.D.
(Physician or midwife)

Address Jerome, Ida.

Filed Jan 26 1922 E. D. Pope M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ida. } ss.
County of Ada. }

Certificate No. 102504

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	none given	Helen Laverna Jennings

Subscribed and sworn to before me this 13 day of July 1942

Notary Public, residing at Boise, Ida.

My commission expires 7/14/45
(Seal)

Signed Mrs. Fleeta Jennings
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

K

JUL 14 1942

695-119-027-248

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Registration District No. 23 1017

File No. 102505

Hospital home

Primary Registration District No. 2017

Registered No. .....

FULL NAME OF CHILD James Harlow Freeman Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth
M	4 (To be answered only in event of plural births)	Yes	Jan 19 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	James H. Freeman	FULL MAIDEN NAME	Lula E. Smyth
RESIDENCE	Jerome, Ida	RESIDENCE	Jerome, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	mechanic	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Zeller
M. D.
(Physician or midwife)

Address Jerome, Ida

Filed Jun 20 1922 E. D. Piper M. D.
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerome

Street: 6th Elm

County: Jerome

File Number: 102505

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Jan 19 192 2

Father: James H Freeman (Full Name)

Mother: Lula E. Smyth (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Harlow Freeman Jr.
Child's Name in Full

Mrs J. H. Freeman
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

893-123-027-168

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102506

County of Jerome
City of Jerome
No. ____ St.
Registration District No. 23
Hospital None
Primary Registration District No. 1017
File No. ____
Registered No. ____

FULL NAME OF CHILD Gerald James Hite
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	Yes	Jan 23 1922

What bactericidal solution was used in eyes? 20 To Argynol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Percy James Hite	Jennie E Johnson
RESIDENCE	Jerome, Ida	Jerome, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Mo	Ill.
OCCUPATION	Farmer	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) C. F. Zeller M. D.
(Physician or midwife)

Address Jerome, Ida

Filed Jun 20 1922 E. D. Pyper M. D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVERAL REA[illegible] A CERT[illegible] OF [illegible]
[illegible] FILED FOR EACH [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerome

Place of Birth — Street:

Place of Birth — County: Jerome

File Number: 102506

Registration Dist. No.:

Sex of Child: Male

Date of Birth: January 23rd 1922

Father: Percy James Hite
Full Name

Mother: Jennie Elfrida John
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Gerald James Hite
Child's Name in Full

Mrs. Percy J. Hite
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

962-21-027-884

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 23 1922

County of Jerome
City of Jerome
No. ..... St. .....
Registration District No. 23
File No. 102507
Hospital Home
Primary Registration District No. 1017
Registered No. .....

FULL NAME OF CHILD Ruth Esther Rosenblum
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.	1	Yes.	June 11 1922

What bacteriecidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Jacob H. Rosenblum	FULL MAIDEN NAME Sadie R. Hyden
RESIDENCE Jerome, Ida.	RESIDENCE Jerome, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Colo.	BIRTHPLACE Okla.
OCCUPATION Merchant	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) C. T. Sellers M.D.
(Physician or midwife)

Address Jerome Ida

Filed June 20 1922 E. D. Pike M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/26/41

SEVERAL REASONS WHY A CERTIFICATE OF
BE FILED FOR EACH CHILD AND THE SAME
NTED

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerome

Street:

County: Jerome

File Number: 102507

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan 11 1922

Father: Jacob Herman Rosenblum (Full Name)

Mother: Sadie Regina Hyden (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ruth Esther Rosenblum

Child's Name in Full

Mrs. J. H. Rosenblum

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

349-220-027-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 2 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Registration District No. 23

Primary Registration District No. 1017

File No. 102509

Registered No. .....

FULL NAME OF CHILD Cradella May Curtis

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		12	Yes	Jan. 20, 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 7

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry H. Curtis	Nancy Parker
RESIDENCE	Jerome, Ida	Jerome, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	42
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. V. Keller M.D.

(Physician or midwife)

Address Jerome Ida.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Jan 20 1922 E. D. Pope M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ULD

Dear Madam: [illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerome

Street:

County: Jerome

File Number: 102509

Registration Dist. No.:

Date of Birth: January 20 1922

Sex of Child: Female

Father: Henry H. Curtis (Full Name)

Mother: Nancy Parker (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Adella May Curtis (Child's Name in Full)

Nancy P. Curtis (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-209-027-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome
City of Jerome
No. ..... St.
Hospital Home

Registration District No. 23
Primary Registration District No. 1017 2017

File No. 102510
Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F	1st	yes	Apr. 9 1922

What bacterioidal solution was used in eyes? 2% Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Crockett C. Smith	Alberta Batty
RESIDENCE	Jerome Idaho.	Jerome, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	25
BIRTHPLACE	Missouri	Utah.
OCCUPATION	Farmer.	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) C. F. Tebbe M.D.
(Physician or midwife)

Address Jerome Ida.

Filed June 20 1922 E. D. Pope M. D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 3 2003

439-209-027-499

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

102511

County of Jerome

City of Jerome

No. ..... St. ..... Registration District No. 23 File No. .....

Hospital Home Primary Registration District No. 1017 Registered No. .....

FULL NAME OF CHILD Louise Margaret McLaughlin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	and	2nd.	yes	Apr. 9 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John P. McLaughlin	FULL MAIDEN NAME	Elizabeth M. Misak
RESIDENCE	Jerome, Idaho	RESIDENCE	Jerome, Idaho
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Austria Hungary
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller M.D.
(Physician or midwife)

Address Jerome, Ida.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Jun 20 1922 E. D. Piper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9 1942

SEVERAL REASONS WHY A CERTI[illegible] OF
[illegible]ILED FOR EACH CHILD AND THE S[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City .....
- Street N E 1/4 Sec 7 Twp 9 R 17 B M
- County Yellowstone

File Number 102511

Registration Dist. No. .....

Date of Birth April 9th 1927

Sex of Child Female

Father Geo. P. McIntyre
Full Name

Mother Elizabeth Mizak Mc
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Louise Margaret McIntyre
Child's Name in Full

Geo. P. McIntyre
Signature of Father ~~or Mother~~

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are commanded to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

415-185-037-244

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St. ..... Registration District No. 23 File No. 102517

Hospital Home Primary Registration District No. 1017 Registered No. .....

FULL NAME OF CHILD Ralph Daniels

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Mar. 5 1922

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Owen J. Daniels	FULL MAIDEN NAME	Bessie Edith Summers
RESIDENCE	Jerome, Idaho	RESIDENCE	Jerome Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) E. F. Zeller M.D.

(Physician or midwife)

Address Jerome, Ida.

Filed June 20 1922 E. D. Piper M. D. Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 [illegible]

SEV[illegible]

[illegible]E FILED FOR EACH C[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number 102517

Registration Dist. No. .....

Sex of Child: Male

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Child's Name in Full

..... Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

299-109-027-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102519

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

County of Jerome
City of Jerome
No. ..... St.
Hospital Home

Registration District No. 23
Primary Registration District No. 1017 2017

File No. .....
Registered No. .....

FULL NAME OF CHILD WAYNE SMITH McBRIDE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) Feb. (Day) 9 (Year) 1922
M				

What bacteriacidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	James Wm McBride	Julia M. Smith
RESIDENCE	Jerome Idaho	Jerome Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Merchant	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) C. P. Teller M.D.
(Physician or midwife)

Address Jerome, Idaho

Filed June 20 1922 E. D. Piper M. D.
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

RECEIVED JUN 2 1941

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 102519
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for unnamed (Name on original certificate) who was born (Was born or died) on Feb 9th 1928 (Date of event)
in Jerome Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Christened (Bible record, insurance policy, etc.) prepared on Sept 7th 1930 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	unnamed	Wayne Smith McBride

Subscribed and sworn to before me this 23rd day of May, 19 41

Notary Public, residing at Blackfoot Idaho

My commission expires July 20th 1943

[SEAL]

Signed Verda M. Ball
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) — Sister

Route #3 Blackfoot Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bingham }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of May, 19 41

Notary Public, residing at Blackfoot Idaho

My commission expires July 20th 1943

[SEAL]

Signed Don B Smith
(Signature of any credible person other than the previous affiant)

409 E Elsie, Blackfoot Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

c.c. 6/9/41. w.h.

947-223-027-683

PLACE OF BIRTH

Amended 7/14/76

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome,

City of Jerome,

No. ..... St.

Registration District No. 23

File No. 102520

Hospital Home

Primary Registration District No. 1017 2017

Registered No. .....

FULL NAME OF CHILD Venna Rupert
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	Other		2	Yes	Mar 23 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Harold E. Rupert	FULL MAIDEN NAME	Ada Wyckoff.
RESIDENCE	Jerome Idaho.	RESIDENCE	Jerome Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Illinois	BIRTHPLACE	Oklahoma
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller M.D.

(Physician or midwife)

Address Jerome Idaho

Filed June 20 1922 E. D. Piper M.D.
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

... the child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerome

Street:

County: Lincoln

File Number: 102520

Registration Dist. No.: 33. School Dist.

Date of Birth: March 23 1927

Sex of Child: Female

Father: Harold Elton Rupert (Full Name)

Mother: Ada [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Vena Rupert (Child's Name in Full)

Mrs. Harold E. Rupert (Signature of Father or Mother)

Vena is correct

MAR 2 1976

Birth registration is part of every child's birthright.
It establishes legally the date of the child's birth, parentage itimacy.

It enables the Public Health Nurse to make sure the child has otected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
0. Just at this time while many of the Ex-Service men are com- to furnish certified copies of certificates of birth, it is im- that the certificates be filed with the BUREAU OF VITAL STATIS- the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Blaine }

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 21 12 22 PM '76

Certificate No. 102520

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Vena Rupert (Name on Original Certificate) was born (Was Born or Died) on Mar. 23, 1922 (Date of Event)

in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Vena Rupert	Venna Rupert

Subscribed and sworn to before me this 10th day of June, 19 76

Notary Public, residing at Hailey, Idaho

My commission expires 3/1/79

(Seal)

Signed Harold E Rupert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 291, Ketchum, Idaho 83340
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Blaine }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of June, 19 76

Notary Public, residing at Hailey, Idaho

My commission expires 3/1/79

(Seal)

Signed Ada Rupert
(Signature of Any Credible Person)

Box 291, Ketchum, Idaho 83340
(Street Address, City, State)

FORM DH 60-155

CL 3/24/76 nm

Jerome Public Schools Diploma issued 22 May 1936 gives name as Venna Rupert. viewed by V.S.

JUL 14 1976

Certificate of Marriage issued by the state of California on August 11, 1944 gives name as Venna Rupert. Viewed by V.S.

336-101-827-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ____ St. ____

Hospital Home

Registration District No. 23

Primary Registration District No. 1017 2017

File No. 102521

Registered No. ____

FULL NAME OF CHILD Robert Duane Lloyd
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	and		Yes.	Apr. 1 1922

What bactericidal solution was used in eyes? 2% Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	James A. Lloyd	FULL MAIDEN NAME Hazel L. Satchell
RESIDENCE	Oregon	RESIDENCE Jerome, Idaho.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	39	23
BIRTHPLACE	Nebraska	Oregon
OCCUPATION	Logging Engineer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

(Signature) C. F. Zeller M.D.
(Physician or midwife)

Address C. F. Zeller

Filed June 20 1922 E. D. Piper M. D.
Registrar.

4/25/41 L. B.

PLACE OF BIRTH

DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St. Registration District No. ..... File No. 102581

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Date of birth	Number in order of birth	Legitimate?	Date of birth
				192

What hospitalized ..... used in event .....

FULL NAME ..... NOTHER

RESIDENCE ..... RESIDENCE

COLOR ..... AGE AT LAST BIRTHDAY ..... AGE AT LAST BIRTHDAY

BIRTHPLACE ..... BIRTHPLACE

OCCUPATION ..... OCCUPATION

CERTIFICATE OF ATTENDANT PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, ... at ..... M. on the date above stated.

*[illegible]

[illegible] from a supplemental report.

Address .....

Registrar.

Registrar.

255-11-027-369

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102522

County of Jerome

City of Jerome

No. ..... St. ..... Registration District No. 23

Hospital Home ..... Primary Registration District No. 1017 ..... Registered No. .....

FULL NAME OF CHILD Cecil Stenmoson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	Mar. 19 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 8 ..... Number of children of this mother now living, including present birth 7

	FATHER	MOTHER
FULL NAME	David H. Stenmoson	FULL MAIDEN NAME Delphia Lorence
RESIDENCE	Jerome	RESIDENCE Jerome
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	39 (Years)	37 (Years)
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Farming	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller M.D.

(Physician or midwife)

Address Jerome Ida.

Filed June 20 1922 E. D. Piper M.D.

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

and the number of each, in order of birth stated.

JUN 2 1942

795-11-027-386

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102523

County of Jerome, City of Jerome, No. ____ St. ____ Registration District No. 23 File No. ____

Hospital Home Primary Registration District No. 1017 Registered No. ____

FULL NAME OF CHILD Walter Ferman Prentiss
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	Twin and	2nd	Yes.	April 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank L. Prentiss	FULL MAIDEN NAME	Lillie R. Thompson
RESIDENCE	Jerome, Idaho.	RESIDENCE	Jerome, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	South Dakota	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2.00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. V. Zeller M.D.
(Physician or midwife)

Address Jerome, Ida.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed June 20 1922 E. D. Pike M.D.
Registrar.

N. B.—In case of more than one child at birth a separate certificate must be filed for each, and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
FOR EACH CHILD [illegible] SHOULD BE COMPLETED WITH [illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerome

File Number: 102523

Street:

Registration Dist. No.:

County: Jerome

Date of Birth: April 19 192 2

Sex of Child: Male

Father: Frank DuBoise Prentiss (Full Name)

Mother: Lillie Rebecca Thomps (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Walter Fermon Prentiss
Child's Name in Full

Mrs. Lillie R. Prentiss
Signature of Father or Mother

AUG 8 1922 BUREAU OF VITAL STATISTICS

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

567-120-027-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Jerome
City of Jerome
No. ..... St.
Hospital Home
Registration District No. 23
Primary Registration District No. 1017 2017
File No. 102524
Registered No. .....

FULL NAME OF CHILD Elwin August Vogeler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin (To be answered only in event of plural births)	3rd	yes	April 20 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Elwin A. Vogeler	FULL MAIDEN NAME	La Rue Brown
RESIDENCE	Jerome, Idaho	RESIDENCE	Jerome, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mgr. of Jerome Flour Mill	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) O. F. Zeller M.D.
(Physician or midwife)

Address Jerome, Ida.

Filed Jan 6 1922 E. D. Pyle M.D. Registrar.

N. B.—In case of more than one child at birth a separate certificate must be filed for each, and the number of each, in order of birth stated.

42

JAN 20 1945

SEVERAL REAS[illegible] OF BIRT[illegible]
D FOR EACH CH[illegible]

STATE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerome

Street: .....

County: Jerome

File Number: 102524

Registration Dist. No. .....

Date of Birth: April 20 1922.

Sex of Child: Male

Father: Elwin August Vogeler (Full Name)

Mother: La Vine Brown (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elwin August Vogeler Jr. (Child's Name in Full)

Mrs. E. A. Vogeler (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

686-123-027-346

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St. ..... No. 23 ..... File No. 102525

Hospital Home ..... Primary Registration District No. 1017 2017 ..... Registered No. .....

FULL NAME OF CHILD HOWARD LELAND WHOBREY
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	other		2	yes	Apr. 23 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol sol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James L. Whobrey	FULL MAIDEN NAME	Florence V. Cuff
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Minnesota
OCCUPATION	Farming	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller

M. D.
(Physician or midwife)

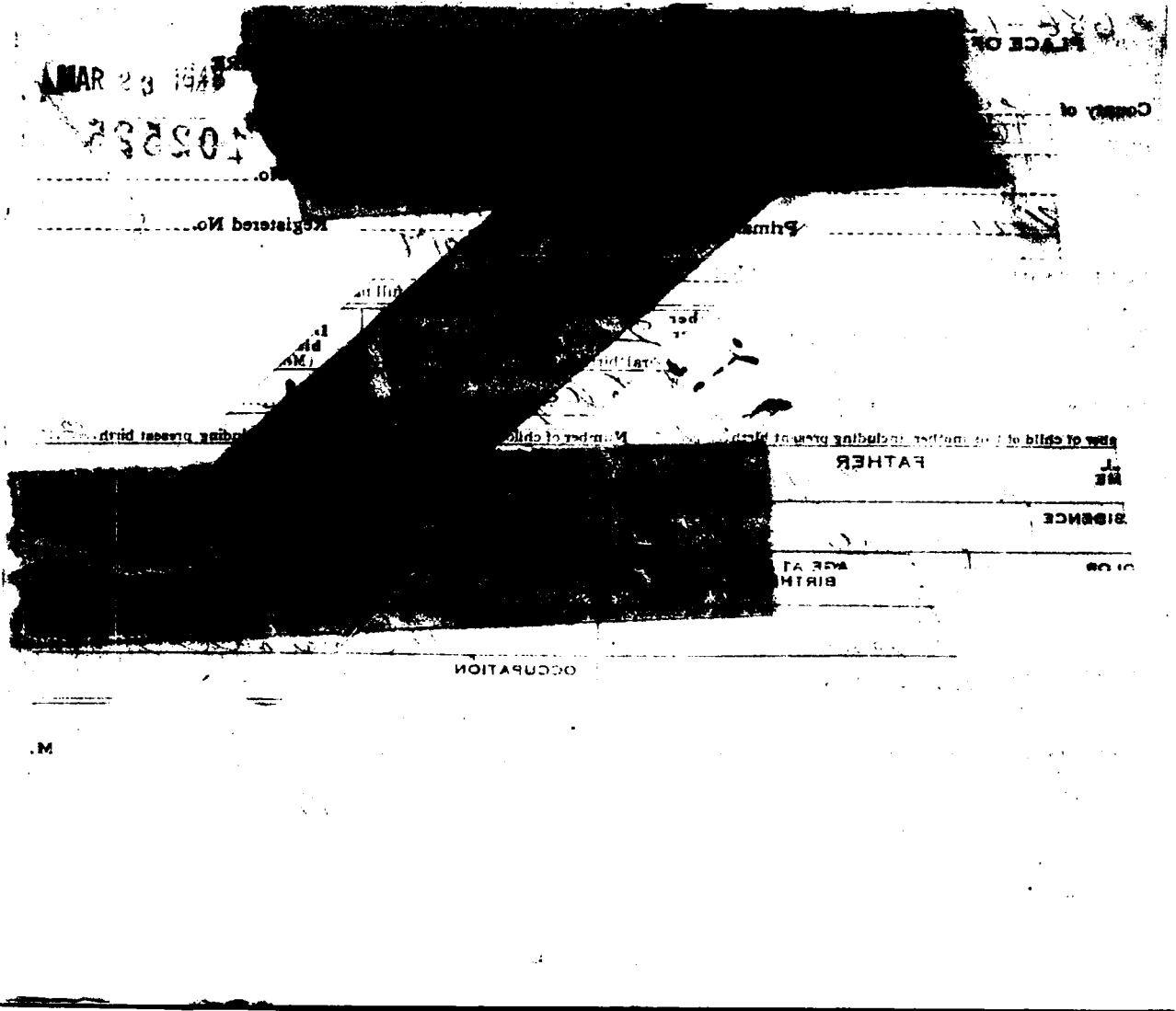
Address Jerome, Idaho

Filed June 20 1922 E. D. Piper M. D.
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.



249-111-027-285

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102526

County of Jerome

City of Jerome

No. ..... St.

Registration District No. 23 File No. .....

Hospital Home

Registration District No. 1017 Registered No. .....

FULL NAME OF CHILD Richmond Allen Burks
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number of order of birth	Legitimate?	Date of birth
M.	Three and	2	yes	May 11 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Richard A. Burks	FULL MAIDEN NAME	Leona Shepherd
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Virginia	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. F. Teller M.D.
Jerome Idaho
(Physician or midwife)

Give names added from a supplemental report.

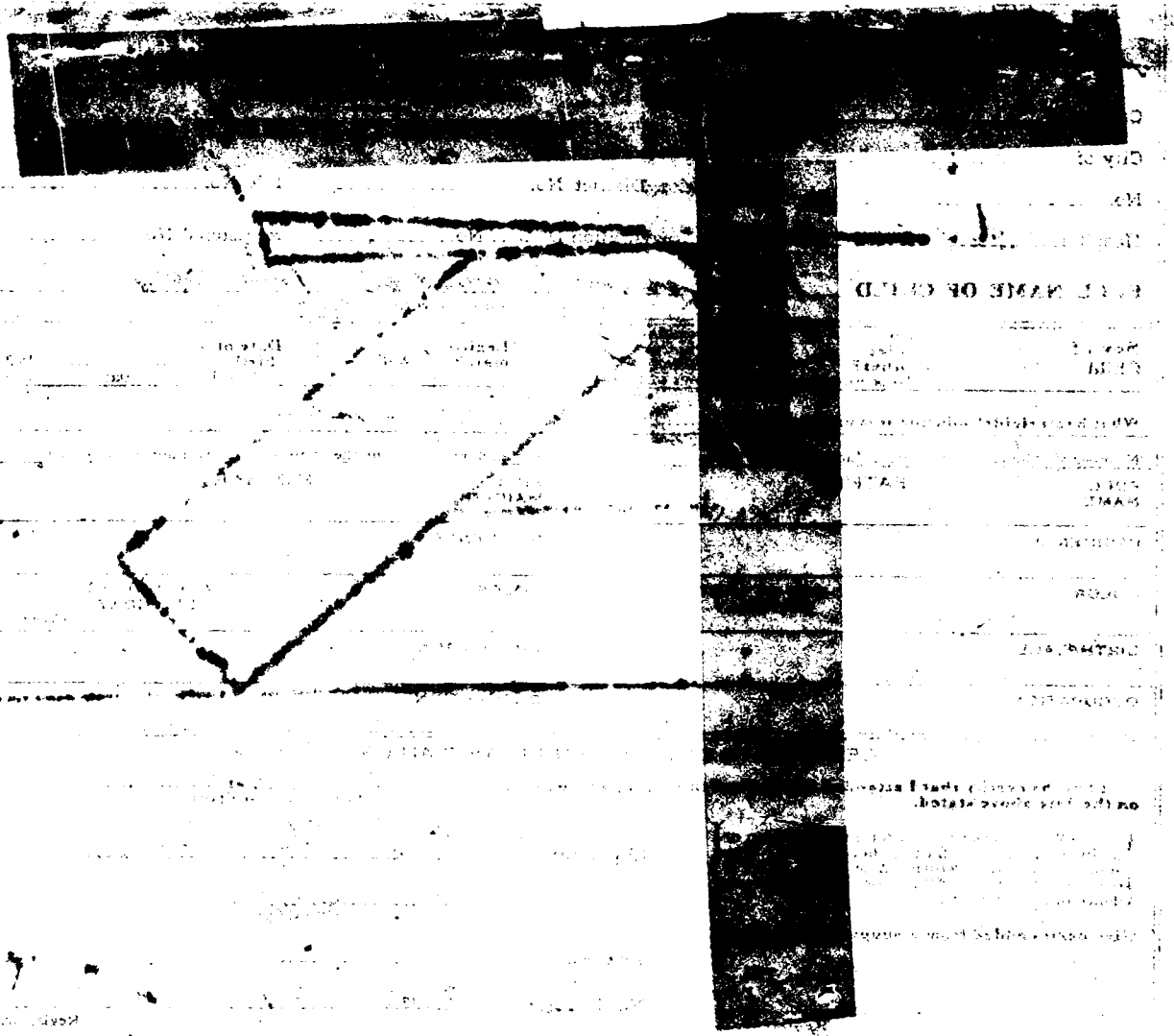
....., 192....

.....
Registrar.

Address .....

Filed June 20 1922 E. D. Piper M.D.
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 102526

County of Jerome } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed (Name on Original Certificate) who born (Was Born or Died) on May 11, 1922 (Date of Event)

in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Parent (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
None	Omitted	Richmond Allen Burks

Subscribed and sworn to before me this 26th day of December, 1944

[signature]

Notary Public, residing at Jerome, Idaho

My commission expires 3/1/45

(Seal)

Signed Leona Burks

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jerome Idaho. Route 3.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Jerome }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of December, 1944

[signature]

Notary Public, residing at Jerome, Idaho

My commission expires 3/1/45

(Seal)

Signed Charles A. Vining

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 2 1962

DEC 27 1944

279-104-027-993

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102527

County of Jerome

City of Jerome

No. ..... St.

Hospital Home

Registration District No. 23

File No. .....

Primary Registration District No. 1017

Registered No. .....

FULL NAME OF CHILD Virgil Lester Spradlin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	other	1st	yes	May 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Otha J. Spradlin	FULL MAIDEN NAME	Bessie Rice
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Virginia	BIRTHPLACE	Colorado
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller M.D.

Jerome, Ida
(Physician or midwife)

Address .....

Filed June 20 1922 E. D. Piper M.D.
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] ing the name of [illegible]

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerome

Street: .....

County: Jerome

File Number: 102527

Registration Dist. No.: .....

Sex of Child: Male

Date of Birth: May 4th 192.2

Father: Otha Jesse Spradlin (Full Name)

Mother: Bessie Mae Rice (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Virgil Lester Spradlin
Child's Name in Full

Mrs Bessie Spradlin
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
ED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage
gitimacy.

It enables the Public Health Nurse to make sure the child has
rotected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-

SEP 23 1942

to furnish certified copies of certificates of birth, it is im-

655-215-027-962

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102528

County of Jerome
City of Jerome
No: ..... St.
Hospital Home

Registration District No. 23
Primary Registration District No. 1017
File No. .....
Registered No. .....

FULL NAME OF CHILD Helen Elizabeth Overfield
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	Twin	2	yes	May 15 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John R. Overfield	FULL MAIDEN NAME	Pearl M. Robinson
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Pennsylvania
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Zeller M. D.
(Physician or midwife)

Address Jerome Ida

Filed Jun 20 1922 E. D. Pyeatt M. D.
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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ne completed by fur

The name of your baby was not filled in on the birth ~~was~~ sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerome

File Number: 102528

Street:

Registration Dist. No.:

County: Jerome

Sex of Child: Female

Date of Birth: May 15th 1922

Father: John B Overfield (Full Name)

Mother: Pearl M Robinson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Helen Elizabeth Overfield
Child's Name in Full

Mrs. John B. Overfield
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this

219-223-027-863

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome
City of Jerome
No. ____ St.
Hospital

Registration District No. 23
Primary Registration District No. 1007

File No. 102529
Registered No.

FULL NAME OF CHILD Effie Mary Bartholomew
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	Twin and	2	Yes	May 23 1922

(To be answered only in event of plural births)

What bacteriolidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clifford Milton Bartholomew	FULL MAIDEN NAME	Maude L. Hollibaugh
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wyoming
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 6:25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) C. F. Zeller M.D.
(Physician or midwife)

Address Jerome, Idaho

Filed Jun 20 1922 E. D. Foss M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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NOV 17 1943
MAR 24 1945

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
[illegible] FOR EACH CHILD AND THE SAME COMPLETED WITH CH

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerome

Street:

County: Jerome Co.

File Number: 102529

Registration Dist. No.:

Sex of Child: Female

Date of Birth: May 23 1922.

Father: Clifford Milton Bartholomew (Full Name)

Mother: Maudie Lee Bartholomew (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Effie May Bartholomew (Child's Name in Full)

Mrs Maudie Bartholomew (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

267-126-027-893

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102530

County of Jerome

City of Jerome

No. ..... St.

Registration District No. 23

Hospital Home

Primary Registration District No. 1017

Registered No. 2077

FULL NAME OF CHILD Jack Travis Boyd

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	4	Yes	May 24 1922

(To be answered only in event of plural births)

What bacteriocidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Travis O. Boyd	FULL MAIDEN NAME	Verba Hickman
RESIDENCE	Jerome, Ida	RESIDENCE	Jerome, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child who was Alive, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller M.D.
(Physician or midwife)

Address Jerome, Ida.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed June 20 1922 E. D. Pyper M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 2 1975

1/31/41/ L. B.

417-129-027-816

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102531

County of Jerome
City of Jerome
No. ..... St.
Hospital home

RECEIVED JUN 22 1922

Registration District No. 23
Primary Registration District No. 1017 2017

File No. .....
Registered No. .....

FULL NAME OF CHILD Robert Garin Maxwell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M	4	Yes	May 29 1922

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Paul Melville Maxwell	FULL MAIDEN NAME	Emerald Hawley
RESIDENCE	Jerome, Ida.	RESIDENCE	Jerome, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Colo.
OCCUPATION	Farming	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Zeller
M. D.
(Physician or midwife)

Address Jerome Ida

Filed June 20 1922 E. D. Piper M. D.
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerome

Street:

County: Jerome

File Number: 102531

Registration Dist. No.:

Sex of Child: Male

Date of Birth: May 29 1922

Father: Paul Mitchell Maxwell (Full Name)

Mother: Emerald Julia Hawley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Garin Maxwell
Child's Name in Full

Mrs. Paul M. Maxwell
Signature of Father or Mother

I AON

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

867-215-027-813

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922

CERTIFICATE OF BIRTH

County of Jerome
City of Jerome
No. ____ St.
Hospital Home

Registration District No. AL 23
Primary Registration District No. 1014 2017

File No. 102532
Registered No. ____

FULL NAME OF CHILD RENA LUCILE HOPPER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		1	Yes	June 15th 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles O. Hopper	FULL MAIDEN NAME	Vera V. Hatfield
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Housewife	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Zeller M.D.
(Physician or midwife)

Address Jerome Idaho

Filed June 20 1922 E. D. Pike M. D.
Registrar.

Give names added from a supplemental report.

....., 192....
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jerome } ss.

Certificate No. 10253

Date Filed June 5, 1943

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Rena Lucile Hopper (Name on Original Certificate) who born (Was Born or Died) on June 15, 1922 (Date of Event)
in Jerome Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Census Record 1941 (Bible Record, Insurance Policy, Etc.) prepared on Sept. 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
		Rena Lucile Hopper
name	none given	
date of birth	June 14, 1922	June 15, 1922

Subscribed and sworn to before me this
day of , 19

Signed x Charles O. Hopper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

~~Notary Public~~, residing at

My ~~commission~~ expires
(Seal)

R.R. no 3, Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of July 1943

Signed Mrs T. C. Bacon
(Signature of Any Credible Person Other Than Previous Year)

Frederick A. Stephan
Notary Public, residing at Twin Falls, Idaho. 1347 Maple Street, Twin Falls Idaho
(Street Address, City, State)

My commission expires May 15, 1944
(Seal)

SEP 8 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-9-8-15

City of Eden

No. 415-108-027-231 St.

Registration District No. 23

Primary Registration District No. 1017 2067

File No. 102534

Registered No.

Hospital

FULL NAME OF CHILD Carl V. Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mch 8 1922

FATHER		MOTHER	
FULL NAME	James W. Davis	FULL MAIDEN NAME	Ethel Stokesberry
RESIDENCE	Eden Ida.	RESIDENCE	Eden Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Merchant	OCCUPATION	Housef.

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Norm alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.

(Physician or midwife)

Address Eden Ida.

Given names added from a supplemental report.

19

Registrar

Filed June 19 1922 E. D. Piper M.D.

Registrar

S-Y-CO 38071

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
AUG 28 9 16 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....

County of .....

Certificate No. 102534

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Davis (Name on Original Certificate) who was born (Was Born or Died) on March 8, 1922 (Date of Event)

in Eden (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Carl Virgil Davis

Subscribed and sworn to before me this 24th day of August, 1973

Notary Public, residing at Boise

My commission expires 4-20-76

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....

County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of

....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

AUG 2 8 1973

Jerome High School Record, Jerome, Idaho (Transcript) By Doris Barlow, Secre
Date entered school Sept. 22, 1937 gives name as Carl Davis.
Viewed by Vs.

US Army Serial # 20 940 133 Honorable Discharge date of enlistment
Sept. 10, 1940 Discharged July 31, 1945 by Capt. Armstrong
Carl V. Davis born Mar. 8, 1922 at Eden, Idaho.
Viewed by VS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] BIRTH

JUL 1 ... BUREAU O... STATIS...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Potenal

City of Harrison

No. 693-104-028-869 St.

Registration District No. 126 File No. 102535

Hospital

Primary Registration District No. 2 204 Registered No.

FULL NAME OF CHILD Arthur Eldon Williamson
(Certificate of no value without full name of child.)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth June 4 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Ac Boric

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chas W Williamson	FULL MAIDEN NAME	Grace York
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ness Co Kansas	BIRTHPLACE	Harrison Ida
OCCUPATION	Book Keeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
M D
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Harrison Ida

Filed July 1 1922 J M Finney
Registrar.

K

MAR 3 1942

[redacted]

234-POS-028-419

PLACE OF BIRTH

RECEIVED
JUL 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102536

County of Kootenai

City of Harrison

No. ..... St.

Registration District No. 126 File No. .....

Hospital .....

Primary Registration District No. 2304 Registered No. .....

MAY

FULL NAME OF CHILD Melina Scuchetta

(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth June 5 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? A.C. Bone

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME Sam Scuchetti	FULL MAIDEN NAME Malina Maraffia
RESIDENCE Harrison Ida	RESIDENCE Harrison Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Italy	BIRTHPLACE Italy
OCCUPATION Cont. labor	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Ingram M.D.
(Physician or midwife)

Address Harrison Ida

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 7-1 1922 J. M. Ingram
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1963

JUL 1 3 1987

MAR 2 9 1994

MAR 1 0 1944

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

2003 APR -4 PM 8:38

State of WA
County of Spokane } SS

Certificate No. 1922-102536

Date Filed July 10, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Melina Sciuchetti (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 5, 1922 (Date of Event)

in Harrison, Idaho (Kootenai) (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	Melina Sciuchette	May Melina Sciuchetti
MAY MELINA SCIUCHETTI		

Subscribed and sworn to before me this 31st day of March, 2003

Notary Public Sharon Wyckoff

Residing at Spokane

My commission expires 12-6-5 (Seal)

SHARON WYCKOFF Commission Expires NOTARY PUBLIC STATE OF WASHINGTON

May Melina Vidmar
Signature of Applicant

18 E Euclid Ave Spokane WA 99207
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WA
County of Spokane } SS

(Must be completed ☐)

(Is not necessary ☐)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3/31/2003 day of _____

Notary Public Sharon Wyckoff

Residing at Spokane

My commission expires 12-6-5 (Seal)

SHARON WYCKOFF Commission Expires NOTARY PUBLIC STATE OF WASHINGTON DEC. 6, 2005

Robert McCammond
Signature of Applicant

18 E Euclid Spokane WA 99207
Street Address, City, State and Zip

Certificate of Baptism church of St. Mary's in Idaho dated June 5, 1922 shows child's name as May Melina Sciuchetti. Viewed by VS

Life Help Insurance Adminstrative Servics life insurance policy dated July 1, 1991 for May Melina Vidmar. Viewed by VS

619-107-028-413 [redacted]

PLACE OF BIRTH

JUL 10 [redacted]

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Registration District No. 127 File No. 102537

Hospital Lakeview Primary Registration District No. 2204 Registered No. .....

FULL NAME OF CHILD Robert Warner

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 7 1922

What bactericidal solution was used in eyes? Ag Bond

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry H Warner	FULL MAIDEN NAME	Esie Mackay
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Come Labor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5:30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M. D.

(Physician or midwife)

Give names added from a supplemental report.

Address Harrison Ida

..... 192....

Filed 1-1 1922 [signature]

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 16 1971

495-113-028-381

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 10 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

County of Kootenai

City of Rose Lake, Ida. Registration District No. 126 File No. 102538

No. ____ St. ____ Primary Registration District No. 220 Registered No. ____

Hospital ____

FULL NAME OF CHILD Wilford William Dierks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	June 13 1922

FATHER

FULL NAME William Antone Dierks

RESIDENCE Rose Lake, Ida.

COLOR white AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Salt Lake City, Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Celia May Thaxter

RESIDENCE

COLOR white AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Great Falls, Montana

OCCUPATION Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 A.M. on the date above stated.

(Signature) L. J. Stauffer

Physician (Physician or midwife)

Address Rose Lake, Ida.

Filed 7-1 1922 Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 ____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-115-028-319

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake, Ida.

No. ..... St.

Hospital .....

Registration District No. 126 File No. 102539

Primary Registration District No. 2204 Registered No. .....

FULL NAME OF CHILD Roy Eugene Goodson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Roy Bernard Goodson	FULL MAIDEN NAME	Gertrude May Carr.
RESIDENCE	Rose Lake, Ida.	RESIDENCE	Rose Lake, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Texas County, Missouri.	BIRTHPLACE	Barron County, Wisconsin
OCCUPATION	Saw mill operative.	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:15 A.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer
physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rose Lake, Ida.

Filed 7-1 1922 J M Finney
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1966

DEC 19 1942

1961 NOV 1 10M

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-12-028-556

PLACE OF BIRTH

RECEIVED
JUL 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai
City of Harrison
No. ..... St.
Hospital Lakeview
Registration District No. 126
Primary Registration District No. 2264
File No. 102540
Registered No. .....

FULL NAME OF CHILD Wayne Joseph Gallaher
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 21 1922

What bacteriolidal solution was used in eyes? As Born

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Marion M Gallaher	FULL MAIDEN NAME	Hazel Newell
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Harrington Wash	BIRTHPLACE	Tuttum Wash
OCCUPATION	Com Labor	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Thompson M D
(Physician or midwife)
Address Harrison Ida

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 7-1-1922 J H Thompson
Registrar

169-217-028-144

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 10 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102541

County of Kootenai

City of Coeur d'alene

No. ..... St. ..... Registration District No. 30 ..... File No. .....

Hospital ..... Primary Registration District No. 1051 ..... Registered No. 1336

FULL NAME OF CHILD Dorothy ~~Mary~~ JOAN Jordan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 17 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John Clarence Jordan	FULL MAIDEN NAME	Paula Matrick Andrews
RESIDENCE	Walla Walla Wash	RESIDENCE	Walla Walla Wash
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Dayton Wash
OCCUPATION	Carpenter	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan
(Physician or ~~midwife~~)

Address Coeur d'alene Idaho

Filed 7/4 1922 D D Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1942

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 102541

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorothy Mary (Name on Original Certificate) who was born (Was Born or Died) on June 17-1922 (Date of Event)
in Coeur d' alene, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on July 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Dorothy May	Dorothy Joan Jordan

Subscribed and sworn to before me this 15 day of August, 1944

Mary L. Swanson

Notary Public, residing at Farragut.

My commission expires

(Seal)

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D'ALENE, IDAHO
MY COMMISSION EXPIRES MAY 27, 1947

Signed John O Jordan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Farragut Village Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of August, 1944

Mary L. Swanson

Notary Public, residing at Farragut.

My commission expires

(Seal)

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D'ALENE, IDAHO
MY COMMISSION EXPIRES MAY 27, 1947

Signed Paula Mable Jordan
(Signature of Any Credible Person)

102 9 Farragut Village
(Street Address, City, State)

Farragut, Idaho

SEP 18 1944

153-D9-028-614

PLACE OF BIRTH

RECEIVED JUL 10 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of Hooley

No. St.

Hospital

Registration District No. 30 File No. 102542

Primary Registration District No. 1051 Registered No. 1337

FULL NAME OF CHILD James Theodore Anthony.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June (Month) 29th (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Theodore Anthony	FULL MAIDEN NAME	Nellie Frankes
RESIDENCE	Hooley.	RESIDENCE	Hooley Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Macedonia	BIRTHPLACE	Illinois
OCCUPATION	Jeweler	OCCUPATION	Hairse Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boring (Born alive or stillborn), at 6 50 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Kirrington M.D.

(Physician or midwife)

Given names added from a supplemental report.

K 19

Registrar

Address Hooley. Idaho.

Filed 7/6 1922 D. D. Drinnan Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1942

245-117-028-964

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 10 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hailey

No. ____ St.

Registration District No. 30 File No. 102543

Primary Registration District No. 1057 Registered No. 1338

Hospital ____

FULL NAME OF CHILD Donald Terrance Buehler.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	June 17th 1922.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rollard H. Buehler.	Thelma Jones.
RESIDENCE	Hooley. Idaho.	Hooley. Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	18
BIRTHPLACE	Washington	Washington
OCCUPATION	Mechanic	House-Wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) J J Herrington M.D.
(Physician or midwife)

Address Hooley. Idaho.

Filed 7/6 1922 W O Brennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1947

DEC 3 0 1941

JUN 2 2 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 10 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

No. 498-123-028-231 St.

Registration District No. 30

File No. 102544

Primary Registration District No. 1050

Registered No. 1539

Hospital

FULL NAME OF CHILD Laverne Mihlki.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June (Month) 23rd (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Mihlki	FULL MAIDEN NAME	Beth Blakely.
RESIDENCE	Hooley. Ida. R 2.	RESIDENCE	Hooley. Idaho. R 2.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24. (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minesota
OCCUPATION	Farmer.	OCCUPATION	Domestic

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 7.45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Herrington M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Hooley. Idaho.

Filed 7/6 1922 D.D. Drennan Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLA[redacted]IDAHO
[redacted]UBLIC WELFARE
[redacted]L STATISTICS

County of [redacted]E OF BIRTH

City of C[redacted]

No. 121[redacted] File No. 102545

Hospital 313-205-028-231 Primary Registration District No. 1651 Registered No. 1340

FULL NAME OF CHILD _____
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	one		one	Yes	June 5 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Robert Bond Lillard	FULL MAIDEN NAME	Lula Stauffer
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Montana	BIRTHPLACE	Kansas
OCCUPATION	Teamster	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

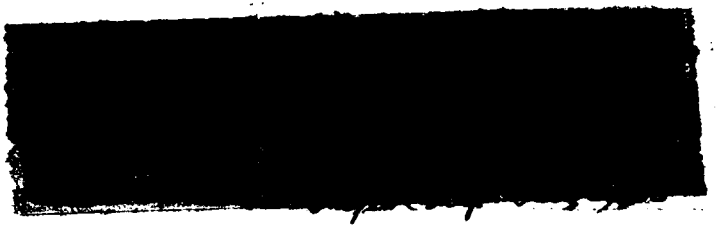
Address C D Alene, Ida.

Filed 7/6 1922 D D Drennan Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.



292-108-028-799

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 VITAL

CERTIFICATE OF BIRTH

County of Kootenay

City of Coeur d'Alene

No. 957 — 7 St.

Registration District No. 30

File No. 102546

Hospital

Primary Registration District No. 1001

Registered No. 1341

FULL NAME OF CHILD Robert Bee Bishop
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one		one	yes	June 8 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyral

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank B Bishop	FULL MAIDEN NAME	Rachel Clara Price
RESIDENCE	~~Idaho~~ CDA	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Forest ranger	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Address Coeur d'Alene, Id.

Filed 7/6 1922 D D Drennan
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REA

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Coeur d' Alene

Street: 95 - [illegible] 4

County: Kootenai

File Number: 102546

Registration Dist. No.:

Date of Birth: June 8 1922

Sex of Child: Male

Father: Frank Bee Bishop (Full Name)

Mother: Rachel Clara Price (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Bee Bishop
Child's Name in Full

Mrs. Frank B. Bishop
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-222-028-284

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 10 1922

CERTIFICATE OF BIRTH

102547

County of Kootenai

City of Coeur d'Alene

No. 510 CDA St. Registration District No. 30 File No.

Hospital CDA Primary Registration District No. 1051 Registered No. 1042

FULL NAME OF CHILD Helen Louise Johnston
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One		One	yes	June 22 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm Howard Johnston	FULL MAIDEN NAME	Laura Bell Symons
RESIDENCE	CDA	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Coeur d'Alene
OCCUPATION	Book Keeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 15 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Address Coeur d'Alene

Filed 7/6 1922 D D Dienna
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

216-115-028-633

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ——— St.

Registration District No. 30 File No. 102548

Hospital

Primary Registration District No. 1851 Registered No. 1343

FULL NAME OF CHILD Raymond Adam Bafus
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one		one	yes	June 15 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Adam Bafus	FULL MAIDEN NAME	Elizabeth Ott
RESIDENCE	Gibbs Idaho	RESIDENCE	Gibbs Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Mill Man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Holden

Physician
(Physician or midwife)

Address Coeur d'Alene, Idaho

Filed 7/6 1922 D D Kenny
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1942

MAY 5 1953

419-108-028-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 10 1922

CERTIFICATE OF BIRTH

County of Kent

City of C D Alene

No. ..... St.

Registration District No. 30 File No. 102549

Hospital ——

Primary Registration District No. 1051 Registered No. 13214

FULL NAME OF CHILD Richard Gordon Marquardt
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one		one	yes	June 8 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Geo. Wm Marquardt	FULL MAIDEN NAME	Ethel Lourinda Kerrikamp
RESIDENCE	Conner d'Alene	RESIDENCE	Conner d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Mill man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Address C D Alene, Ida.

Filed 7/6 1922 D D Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1963

MAR 28 1972

154-216-028-845

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 205 Indiana St. Registration District No. 30 File No. 102550

Hospital Reeds. Primary Registration District No. 1051 Registered No. 1345

FULL NAME OF CHILD Florence Louise Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one		one	yes	June 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Oscar R Anderson	FULL MAIDEN NAME	Elvira M Kuehnan
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Sweden	BIRTHPLACE	Chicago
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Coeur d'Alene

Filed 7/6 1922 D D Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 31 1942

962-114-028-175

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Athol

Registration District No. 30 File No. 102551

No. ..... St.

Primary Registration District No. 1051 Registered No. 1346

Hospital .....

FULL NAME OF CHILD Orval Robert Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Elmer F. Robinson	FULL MAIDEN NAME	Esther A. Agnew
RESIDENCE	Athol, Ida	RESIDENCE	Athol, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Calif	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rathdrum Ida

Filed 7/6 1922 [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-103-028-993

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 10 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of

Registration District No. 30 File No. 102552

No. St.

Primary Registration District No. 1051 Registered No. 1347

Hospital

FULL NAME OF CHILD Sterling Deane Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	June 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Pearl H. Smith	FULL MAIDEN NAME	Elsie L. Richmond
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kans.	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Rathdrum, Idaho

Registrar

Filed 7/6 1922 D. D. Drennan Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-114-028-995

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 10 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

No. Route #2 St.

Registration District No. 30 File No. 102553

Hospital

Primary Registration District No. 1051 Registered No. 1348

FULL NAME OF CHILD Leland Gail Jackson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	6 14 1922

What bactericidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Samuel Jackson	FULL MAIDEN NAME	Caroline Minerva Rinker Caroline Rinker
RESIDENCE	Post Falls, Route #2	RESIDENCE	Post Falls, Route #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Missouri	BIRTHPLACE	Penn.
OCCUPATION	Farmer.	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L D Drennan

(Physician ~~or midwife~~)

Address Coeur d'Alene,

Filed 7/6 1922 D D Drennan
Registrar.

Give names added from a supplemental report.

..... 19.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 102553
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Leland Gail Jackson (Name on original certificate) who was born (Was born or died) on June 14, 1922 (Date of event)
in Post Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by witness (Bible record, insurance policy, etc.) prepared on January 9, 1942 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name		
Place of birth	Coeur d'Alene	Post Falls, Route #2
Residence of parents	Spokane Bridge	Post Falls, Route #2

Subscribed and sworn to before me this 9th day of January, 1942

E. H. Corbin
Notary Public, residing at Spokane
My commission expires May 5, 1942
[SEAL]

Signed Caroline M Jackson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Post Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of January, 1942

E. H. Corbin
Notary Public, residing at Spokane
My commission expires May 5, 1942
[SEAL]

Signed Etta E. Jackson
(Signature of any credible person other than the previous affiant.)
824 W. Montgomery, Spokane Wash.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

714-124-028-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Cour d'Alene

No. ..... St.

Registration District No. 30 File No. 102554

Hospital ..... Primary Registration District No. 2050 Registered No. 1049

FULL NAME OF CHILD Arthur Wilbane Tano
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	6/24 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Arthur W Tano	FULL MAIDEN NAME	Helen Green
RESIDENCE	St Marie's Ida	RESIDENCE	St Marie's Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wis.	BIRTHPLACE	Wash
OCCUPATION	R.R. Man	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan
(Physician or midwife)

Address Cour d'Alene Ida

Filed 7/6 1922 D D Drennan
Registrar.

Give names added from a supplemental report.

K ....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 26 1958

359-108-028-419

PLACE OF BIRTH

[redacted] Form V. S. No. 11-C—25m-9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. near Park School St.

Hospital

Registration District No. 30

Primary Registration District No. 1051

File No. 102555

Registered No. 1350

FULL NAME OF CHILD William John Leinum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	June 8th 1922

FATHER		MOTHER	
FULL NAME	William Leinum	FULL MAIDEN NAME	Margaret Marshall
RESIDENCE	Cedar Creek, Idaho	RESIDENCE	Cedar Creek, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis H. Mast

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d' Alene, Idaho

Filed 7/6 1922 D. D. Dressman Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF [redacted] State Board of Health

365-11 [redacted] 469 IDAHO

County
City

BUREAU OF VITAL STATISTICS

Registered No. 102556

CERTIFICATE OF BIRTH

(Give name of h[redacted] in hos[redacted] (No. Rathdrum Route No. 1, (Hayden Lake)

FULL NAME [redacted] Leer, John Lloyd

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day)	Year
Male.	1,			Yes.	June 13,	1922.

FATHER	MOTHER
Full Name: John Leer,	Full Maiden Name: Sofia Merkel,
Residence: Rathdrum R.F.D. No. 1, (Hayden Lake,)	Residence: Same.
Color: White. Age at last Birthday 26 (Years)	Color: White. Age at last Birthday 28 (Years)
Birthplace (State or Country): South Dakota,	Birthplace (State or Country): North Dakota,
Occupation: Farmer,	Occupation: Housewife,

Number of child of this mother 1, Number of children, this mother, now living 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {born alive / stillborn} † and that it occurred on June 13, 1922 at 5:00 A.M. P.M.

Signature S. Yarnell [illegible]

(Physician or Midwife)

Address 219 Paulsen Bldg., Spokane

Filed [illegible], 1922

[illegible]

Registrar.

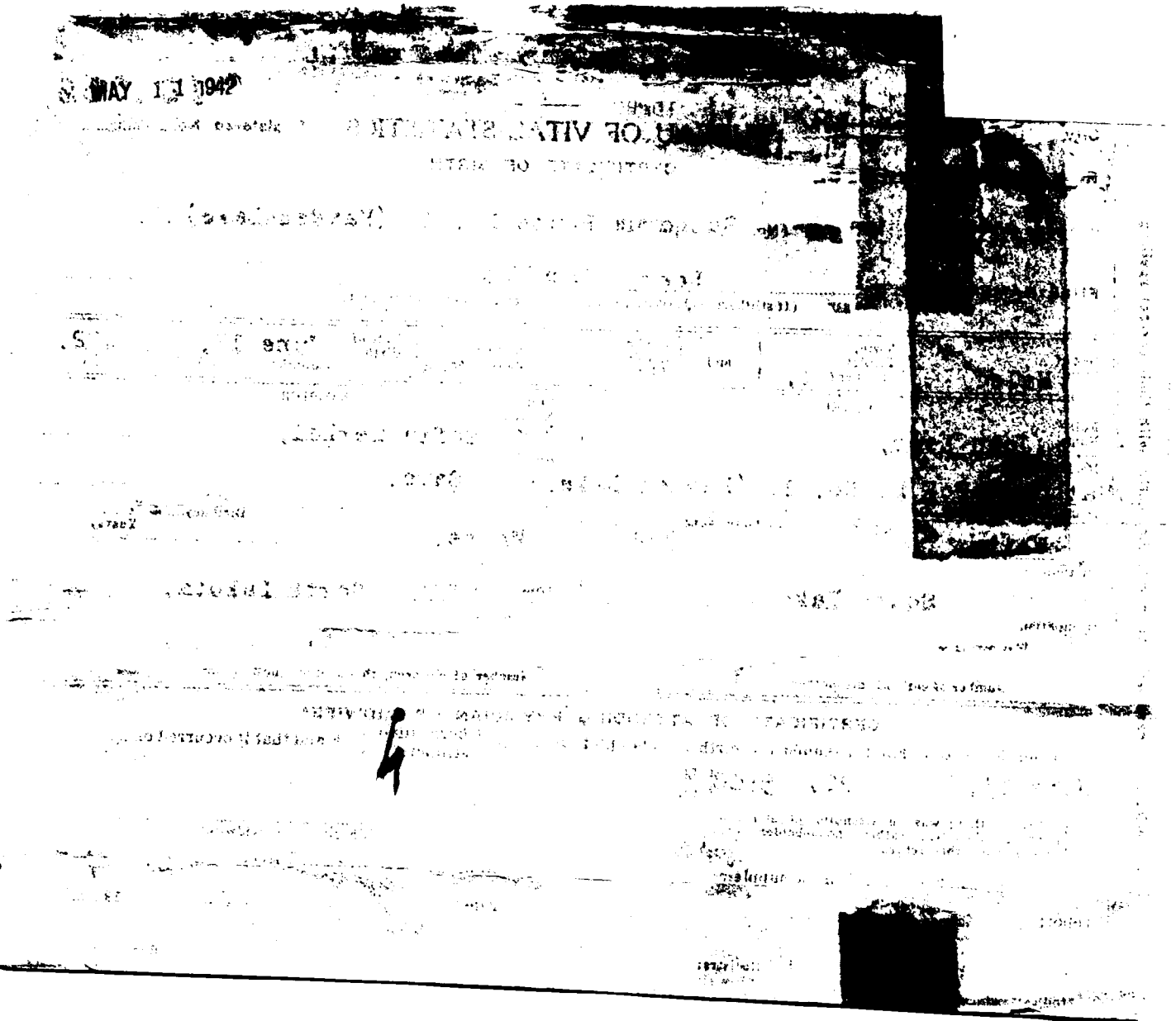
*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report [redacted]

Registrar.

†Indicate which [redacted] through superfluous word

NOTE: Please write all names distinctly, with their correct spelling.



255-111-
029-[redacted]

PLACE OF B[redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Sarah

City of Bovill

Registration District No. 266 File No. 102557

No. ..... St.

Primary Registration District No. 2146 Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald Gordon O'Keefe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes.	June 11 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leo J. O'Keefe	FULL MAIDEN NAME	Roberta Tarbox
RESIDENCE	Bovill.	RESIDENCE	Bovill.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Penn.
OCCUPATION	R.R. Brakeman	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Deary

Registrar

Filed June 15 1922 Mrs R. C. Gibson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 4 1956

MAR 22 1957

995-21-029-555

PLACE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102558

County of Latah

City of Bovill

Registration District No. 66 File No. 13

No. ..... St.

Primary Registration District No. 2146 Registered No. .....

Hospital .....

FULL NAME OF CHILD Maxine Claire Ringuette

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	6 11 1922

FATHER	MOTHER
FULL NAME: William Alfred Ringuette	FULL MAIDEN NAME: Blanche Veno
RESIDENCE: Bovill Ida	RESIDENCE: Bovill Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Canada	BIRTHPLACE: Wisconsin
OCCUPATION: Woodsman	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5.15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) J. C. Gibson

(Physician or midwife)

Address Bovill Ida

Filed June 15 1922 Mrs J.C. Gibson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-221-029-515

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Bovill Registration District No. 66 File No. 12559

No. ..... St.

Hospital Bovill Hosp Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD Helen Isabella Heidke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 21 1922

FATHER		MOTHER	
FULL NAME	Henry Heidke	FULL MAIDEN NAME	Helen Vanlew
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Pennsylvania
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) F. C. Gibson
Physician
(Physician or midwife)

Address Bovill Idaho

Filed 6/27 1922 Fred F. C. Gibson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 3 1970

132-119-029-249

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65

File No. 102560

No. ____ St.

Primary Registration District No. 2145 Registered No. ____

Hospital ____

FULL NAME OF CHILD Glen Edward Atkison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	yes.	June 19 1922

FATHER		MOTHER	
FULL NAME	Emmett Atkison	FULL MAIDEN NAME	Helen Smith
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Dr. Jos. Thompson M.D.
(Physician or midwife)

Address Potlatch Idaho

Filed June 26th 1922

Dr. J. H. Thompson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 19 1956

FEB 26 1971

381-123-029-249

*Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah.

City of Potlatch

No. ..... St.

Hospital .....

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 102561

Primary Registration District No. 2145. Registered No. .....

FULL NAME OF CHILD Homer Chambers.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes.	April 23 1922

FATHER		MOTHER	
FULL NAME	Charles Chambers.	FULL MAIDEN NAME	Etta Burden.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32.	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho.	BIRTHPLACE	Iowa
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) Dr. J.W. Thompson.
M.D.
(Physician or midwife)

Address Potlatch Idaho

Filed June 10th 1922. Dr. J.W. Thompson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

663-206-029-517

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Latah

City of Palouse Prect.

No. 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 102562

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD 2nd Mary [illegible] Wolheter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem.		Yes	June 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lester Claude Wolheter	FULL MAIDEN NAME	Anne Nagle
RESIDENCE	Palouse Prect.	RESIDENCE	Palouse Prect.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kansas	BIRTHPLACE	N Dak
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-15-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Dartt

MD (Physician or midwife)

Given names added from a supplemental report.

Address Palouse Wn

19

Filed June 10th 1922 Dr J. H. Thompson Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUL 13 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Palouse

Street: .....

County: Latah

File Number: 102562

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: June 6th 192.2

Father: Lester C. Wolheter (Full Name)

Mother: Annie Nagle (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Amelia

Child's Name in Full

Annie Wolheter

Signature of Father or Mother

NOV 12 1968

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

415-138-029-288

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102563

County of Latah

City of Moscow

No. 535 N. Main St. Registration District No. 61 File No.

Hospital Primary Registration District No. 1011 Registered No. 76

FULL NAME OF CHILD Howard Eugene Manson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 28 1922

What bactericidal solution was used in eyes? Ag. NO3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George Edward Manson	FULL MAIDEN NAME	Dollie Faye Byers
RESIDENCE	Moscow, Ida.	RESIDENCE	Moscow, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Lumber dealer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:15 P. M. on the date above stated.
(Born alive or stillborn).

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 30 1922 N H Carruthers
Registrar.

JUN 2 1969

253-227-029-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 315 S. Asbury St. Registration District No. 61 File No. 102564

Hospital Primary Registration District No. 1011 Registered No. 75

FULL NAME OF CHILD Eveline Georgia Bellos
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.		Yes	May 27 1922

What bactericidal solution was used in eyes? $AgNO_3$ 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George Fotos Bellos	FULL MAIDEN NAME	Bessie Montana Johnson
RESIDENCE	Moscow, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Greece	BIRTHPLACE	Idaho
OCCUPATION	Bootblack	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow, Ida

Filed May 30 1922 W. H. Carithers
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: [illegible]
- Street: 315 S. Asbury
- County: Latah

File Number: 102564

Registration Dist. No.:

Sex of Child: Female Female

Date of Birth: May 27 1922

Father: [illegible] Fotos Bellos
Full Name

Mother: Bessie Montana [illegible]
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Eveline Georgia Bellos
Child's Name in Full

[illegible] Bellos
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, pare
legitimacy.

It enables the Public Health Nurse to make sure the chil
protected from danger of blindness and other infections at b

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are
ed to furnish certified copies of certificates of birth, it
nt that the certificates be filed with the BUREAU OF VITAL S
and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

666-105-029-255

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah
City of Moscow
No. 770 So. Main Registration District No. 61 File No. 102565
Hospital The Gatman Primary Registration District No. 1011 Registered No. 60

FULL NAME OF CHILD Jack C. Wood
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 5 1922

What bactericidal solution was used in eyes? Argyrol Sol 5%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Elmer Edward Wood	FULL MAIDEN NAME	Edith Daphne Benedict
RESIDENCE	Whitman County, Wn	RESIDENCE	Whitman County, Wn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Washington	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gatman
Physician
(Physician or midwife)

Address Moscow, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 30 1922 W. H. Barthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1941
FEB 21 1950

962-105-029-816

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61 File No. 102566

Hospital Inland Empire Primary Registration District No. 1011 Registered No. 61

FULL NAME OF CHILD Wallace Eugene Robbins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 5 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Don E Robbins	FULL MAIDEN NAME	Nellie Hawks
RESIDENCE	Moscow	RESIDENCE	Moscow Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Moscow Ida	BIRTHPLACE	Lincoln. Neb.
OCCUPATION	Clerk.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Virgil M. Gilchrist, Physician
(Physician or midwife)

Address Moscow

Filed May 30 1922 M H Carruthers Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 23 1952

697-122-029-853

PLACE OF BIRTH

STATE OF IDAHO,
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 845 E. 7th St.

Registration District No. 61

File No. 102567

Hospital

Primary Registration District No. 1011

Registered No. 64

FULL NAME OF CHILD Donald Truman Wigen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 22 1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Willard Berthold Wigen	FULL MAIDEN NAME	Marian Helland
RESIDENCE	LaCrosse, Wash.	RESIDENCE	LaCrosse, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Dexter, Minnesota	BIRTHPLACE	Whalen, Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Harry Einhouse M.D.
(Physician or midwife)

Address Moscow, Idaho

Filed May 30 1922 M H Carithers
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1942

FEB 18 1952

265-216-029-669

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102568

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

County of Latah
City of Moscow
No. 720 So. Main St.
Registration District No. 61
File No.
Hospital The Gritman
Primary Registration District No. 1011
Registered No. 67

FULL NAME OF CHILD Patricia Catherine Sweeney
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 16 1922

What bactericidal solution was used in eyes? Argyrol 2%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Martin Leonard Sweeney	FULL MAIDEN NAME	Mary Edith Ford
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Coeur d'Alene, Idaho.	BIRTHPLACE	Cassellton N. Dakota
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:00 P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)

Address Moscow, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 30 1922 W H Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-216-029-681

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

County of Latah
City of Moscow
No. ..... St.
Hospital .....

Registration District No. 61
Primary Registration District No. 1011

File No. 102569
Registered No. 68

FULL NAME OF CHILD Marion Adele Gordon
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 16 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Dalton E Gordon	FULL MAIDEN NAME	Elsie O'Hara
RESIDENCE	Moscow	RESIDENCE	Moscow Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Minnesota	BIRTHPLACE	Indiana
OCCUPATION	Vocational Student	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Gilleland
Physician
(Physician or midwife)

Address Pullman Wash

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed May 30 1922 W.H. Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 7 1975

JUL 2 1942

455-117-029-869

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102570

County of Latah
City of Moscow
No. 720 So Main St. Registration District No. 61 File No.
Hospital The Gritman Primary Registration District No. 1011 Registered No. 69

FULL NAME OF CHILD John Harvey Durlin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 17 1922

What bactericidal solution was used in eyes? 1% Argent Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Patrick Henry Durlin	FULL MAIDEN NAME	Elizabeth Eleanor Horvath
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Colfax, Wash	BIRTHPLACE	St. Paul, Minn.
OCCUPATION	Highway Contractor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:05 a. M. on the date above stated.

(Signature) C. O. Armstrong, M.D.
Physician
(Physician or midwife)

Address

Filed May 30 1922 W. H. Carothers
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

995-119-029-685

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 S. Main St.

Registration District No. 61

File No. 102571

Hospital The Gritman

Primary Registration District No. 1011

Registered No. 90

FULL NAME OF CHILD Claude Renfrew Jr.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 19 1922

What bactericidal solution was used in eyes? Argyrol 2%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Claude Renfrew	Mytheldia Wheeler
RESIDENCE	Moscow, Idaho	Moscow Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	37
BIRTHPLACE	Colton, Wash.	Spokane, Wash.
OCCUPATION	Vice-President First Natl Bk	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:55 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)

Address Moscow, Idaho

Filed May 30 1922 W. H. Carothers
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 19[illegible]

APR 22 19[illegible]

243-224-029-195

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St. Registration District No. 61 File No. 102572

Hospital ..... Primary Registration District No. 1011 Registered No. 71

FULL NAME OF CHILD ~~[illegible]~~ JOAN JINNETT ~~[illegible]~~ Sutton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 24 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Arthur G. Sutton	FULL MAIDEN NAME	Irene Jinnett
RESIDENCE	La Crosse Wash	RESIDENCE	La Crosse Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Minnesota	BIRTHPLACE	Washington
OCCUPATION	Special Agent Standard Oil Co	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Gilleland
Physician
(Physician or midwife)

Address Pullman Wash

Filed May 30 1922 M H Carithers
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 102572

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Johanna Patricia Sutton (Name on Original Certificate) who Born (Was Born or Died) on May 24 1922 (Date of Event)
in Moscow Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Nov 23 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Johanna Patricia	~~Joana Jinnett~~ Sutton Joan Jinnett Sutton

Subscribed and sworn to before me this 30th
day of September, 1943
Vera C. Wilkins
Notary Public, residing at Berkeley, California
My commission expires May 23, 1944
(Seal)

Signed Frances Irene Sutton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1761 Marin Ave, Berkeley Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Alameda } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of September, 1943
Vera C. Wilkins
Notary Public, residing at Berkeley, Calif
My commission expires May 23, 1944
(Seal)

Signed W. P. Jinnett
(Signature of Any Credible Person Other Than Previous Year)
2219 Ward St - Berkeley Calif.
(Street Address, City, State)

OCT 8 1943

753-125-029-271

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 120 So Main St.

Hospital The Gritman

Registration District No. 61

File No. 102573

Primary Registration District No. 1011

Registered No. 72

FULL NAME OF CHILD Floyd Elwood Peterson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 25 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Louis George Peterson	FULL MAIDEN NAME	Edith Sparks
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Deputy Sheriff Latah Co	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:40 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)

Address Moscow, Idaho.

Give names added from a supplemental report.

....., 19....

Registrar.

Filed May 30 1922 W H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1942

414-204-029-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102574

County of Latah
City of Moscow
No. So Weiken St. Registration District No. 61 File No.
Hospital Primary Registration District No. 104 Registered No. 59

FULL NAME OF CHILD Carol Mae Maddox
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 4 1922

What bacteriedal solution was used in eyes? Boric Acid.

Number of child of this mother, including present birth: Number of child of this mother now living, including present birth:

FATHER		MOTHER	
FULL NAME	John Stewart Maddox	FULL MAIDEN NAME	Ethel May Jones
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Illinois	BIRTHPLACE	Whitman Co. Wash.
OCCUPATION	Preacher-Nazarene	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Fortman
Physician
(Physician or midwife)

Address Moscow Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 30 1922 W. H. Saunders
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OHIO } ss.
County of COLUMBIANA }

Certificate No. 102574

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed (Name on Original Certificate) who born (Was Born or Died) on May 4, 1922 (Date of Event) in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on Nov 24, 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Carol Mae Maddox

Subscribed and sworn to before me this 1 day of October, 19 43

NORA GREENAWALT NOTARY PUBLIC MY COMMISSION EXPIRES JULY 6, 1946

Nora Greenawalt
Notary Public, residing at Salem, Ohio
My commission expires July 6, 1946
(Seal)

Signed Mrs J.S. Maddox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

608 E. Second St., Salem, Ohio
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

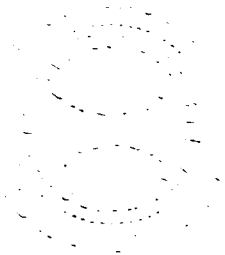
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of Oct., 1943

Emma K Dyer
Notary Public, residing at Yakima
My commission expires June 30, 1944
(Seal)

Signed Cora J Begg
(Signature of Any Credible Person Other than Previous Year)

214 N. Wallace
(Street Address, City, State)
Yakima Wash



APR 19 1944

OCT 15 1943

443-216-029-239

PLACE OF BIRTH

County of Latah

City of Moscow

No. R 7 Lo. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 102575

Primary Registration District No. 214 Registered No. 62

FULL NAME OF CHILD Mulalley Eloise Mathiel
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X		X	Yes	May 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Hydrag Bichlor 1 in 10,000

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Walter F. Mulalley	FULL MAIDEN NAME	Georgie Easter Strobel
RESIDENCE	Lenville	RESIDENCE	Lenville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Thorncreek Ida	BIRTHPLACE	Thorncreek Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G Magee

Physician Moscow
(Physician or midwife)

Address Moscow

Filed May 30 1922 W H Carithers
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-22/-029-255

PLACE OF BIRTH

Amended 2/8/78

RECEIVED JUN 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102576

County of Latah

City of Garfield Nash

No. R # 10 St.

Registration District No. 61 File No.

Hospital Primary Registration District No. 2141 Registered No. 63

FULL NAME OF CHILD Pauline Rose Kellmer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 21 1922

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Francis Henry Kellmer	FULL MAIDEN NAME	Lena May Kennedy
RESIDENCE	Latah Co Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	New York	BIRTHPLACE	N. B. Canada
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P E Russel M D

(Physician or midwife)

Address Garfield Washington

Filed May 30 1922 M Hoaruthers

Registrar.

Give names added from a supplemental report.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS.

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 28 11 35 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 102576

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Pauline Rose Kelmer (Name on Original Certificate) who born (Was Born or Died) on May 21, 1922 (Date of Event)

in Latah County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Kelmer	Kellmer
Father's Last Name	Kelmer	Kellmer

Subscribed and sworn to before me this 7 day of June, 1960.

[signature]
Notary Public, residing at Lewiston
My commission expires Oct 8 1960
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed R. D. Kellmer
(Signature of Any Credible Person)

3711 W- Woodside
(Street Address, City, State)
Spokane Wn

FORM DPH 55.155 CL 5-13-60. nm

Family Bible record gives name as Pauline Rose Kellmer born May 26 1922.
viewed by V. S.

FEB - 8 1978

Photocopy of marriage certificate for George Hooley and Miss Pauline Kellmer married in Yamhill County, Oregon, #23212. dated October 12, 1940 (License) and married on November 2, 1940. -- viewed by V.S.

386-125-029-469

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102577

County of Latah

City of Moscow

No. Rural St.

Registration District No. 61

File No.

Hospital

Primary Registration District No. 2141

Registered No. 65

FULL NAME OF CHILD Everett Wesley Lyon
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 25 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Otha Lyon	FULL MAIDEN NAME	Helen S. Morgan
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Greenland W. Va.	BIRTHPLACE	Hepner, Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 a-m on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Canfield M. D.
(Physician or midwife)

Address Moscow, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 30 1922 M H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1948

252-215-029-413

PLACE OF BIRTH

County of Latah

City of Viola

No. ..... St.

Hospital .....

RECEIVED JUN 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 102578

Primary Registration District No. 2141 Registered No. 66

FULL NAME OF CHILD Delpha May Kissinger
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth May 15 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Homer Albert Kissinger	FULL MAIDEN NAME	Martha Belle Mack
RESIDENCE	Viola, Idaho	RESIDENCE	Viola, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutman
Physician
(Physician or midwife)

Address Moscow, Idaho

Filed May 30 1922 W. H. Carithers
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1942

319-127-029-555

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

County of Latah
City of Moscow
No. R.D. St.
Registration District No. 61
File No. 102579
Hospital
Primary Registration District No. 211
Registered No. 43

FULL NAME OF CHILD Gale Raymond Cairy.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 27 192 2

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Walter Raymond Cairy	FULL MAIDEN NAME	Goldie May Emmett
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa Jackson County	BIRTHPLACE	Andrew, Iowa, Jackson Co.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutman
Physician
(Physician or midwife)

Address Moscow Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 30 1922 M H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1941

854-109-029-762

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah RECEIVED JUN 2 1922

City of Moscow

No. St. Registration District No. 61 File No. 102580

Hospital Primary Registration District No. 2141 Registered No. 74

FULL NAME OF CHILD (Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 9 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: James Isaac Hedricks	FULL MAIDEN NAME: Mattie Olga Goss
RESIDENCE: Moscow Idaho R.F.D.	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Texas
OCCUPATION: Farmer	OCCUPATION: House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Virgil M. Gilchrist

Physician

(Physician or midwife)

Address Moscow, Idaho.

Filed May 30 1922 N.H. Carothers Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-214-029-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

No. ____ St.

Registration District No. 68

File No. 102581

Hospital Home

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD Nellie Sturdevant
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	May 14 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Joseph Leonard Sturdevant	FULL MAIDEN NAME	Minnie Ethel Garnette
RESIDENCE	Kendrick, Idaho	RESIDENCE	Kendrick, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Goodman, Missouri	BIRTHPLACE	Goodman, Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Andrew Otteraaen
Physician
(Physician or midwife)

Address Kendrick, Idaho

Filed 6-1 1922 R. F. Pepper
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-117-029-495

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 27 1922 VITAL STATISTICS

County of Latah
City of Kendrick
No. ____ St.
Hospital Home
Registration District No. 68
Primary Registration District No. ____
File No. 102582
Registered No. ____

FULL NAME OF CHILD Richard Earl Carlson
(Certificate of no value without full name of child.)

Sex of Child: Male
Twin, Triplet or other? ____ and Number in order of birth ____
(To be answered only in event of plural births)
Legitimate? Yes
Date of birth: May (Month) 17 (Day) 1922 (Year)

What bactericidal solution was used in eyes? Argyrol 25% solution

Number of child of this mother, including present birth 3
Number of child of this mother now living, including present birth 3

FATHER

FULL NAME: Agner Kaleb Carlson
RESIDENCE: Kendrick, Idaho
COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Minneapolis, Minn.
OCCUPATION: Merchant

MOTHER

FULL MAIDEN NAME: Helen Mary Minogue
RESIDENCE: Kendrick, Idaho
COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Minneapolis, Minn.
OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otteraaen
Physician
(Physician or midwife)
Address Kendrick, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 6-1 1922 R. T. Pepper
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1941

994-217-029-845

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 27 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Crescent

No. ..... St.

Registration District No. 68

File No. 102583

Hospital Home

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Wilma Fern Zimmerman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 17 1922

What bactericidal solution was used in eyes? Argyrol, 25% solution

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Fredrick Zimmerman	Mammie Trotha Hunt
RESIDENCE	Crescent, Idaho	Crescent, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	19	19
BIRTHPLACE	Crescent, Idaho	Gainsville, Missouri
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otteraaen
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Kendrick, Idaho

Filed 6-1 1922 R. F. Pepper
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-127-
035-693

PLACE OF BIRTH

County of Nez Perce

City of Myrtle

No. ..... St.

Hospital Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 102584

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Glenn Raymond White
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 27 1922

What bactericidal solution was used in eyes? Argyrol 25% solution

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Charles Miles White	FULL MAIDEN NAME	Emma Denzy Wicks
RESIDENCE	Myrtle, Idaho	RESIDENCE	Myrtle Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ames, Iowa	BIRTHPLACE	Primgar, Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otteraaen
Physician
(Physician or midwife)

Address Kendrick, Idaho

Filed 6-10 1922 R. F. Pippe
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

966-207-029-168

PLACE OF BIRTH

County of Latah

City of Troy

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 102585

Primary Registration District No. 2144 Registered No. ____

FULL NAME OF CHILD June Rowan

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	June 1 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank Rowan	FULL MAIDEN NAME	Lottie Johnson
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R Gnelson M D

(Physician or midwife)

Address Troy Idaho

Give names added from a supplemental report.

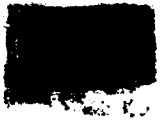
July 5 1922

Lucy M Packard
Registrar.

Filed July 5 1922 Lucy M Packard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



619-224-029-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102586

RECEIVED JUL 8 1942 BUREAU OF VITAL STATISTICS

County of Latah

City of Garfield

No. R.F.D. Street

Registration District No. 61

File No.

Hospital

Primary Registration District No. 21H-1

Registered No. 89

FULL NAME OF CHILD Mary Jean Farnam

(Certificate of no value without full name of child.)

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 24 1942

What bacteriocidal solution was used in eyes?

Number of children of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Corwin Lyman Farnam	FULL MAIDEN NAME	Jessie Harris
RESIDENCE	Latah Co Ida	RESIDENCE	Latah Co Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Canada	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:40 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P E Russell M.D.

(Physician or midwife)

Address Garfield Wash.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 29 1942 W H Carruthers

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A
FOR EACH

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Garfield Washington. File Number: 102586

Street:

County: Latah Co. Idaho. Registration Dist. No.: Cora precinct

Sex of Child: Female Date of Birth: June 24 1922.

Father: Calvin Lyman Farnam (Full Name) Mother: Jessie Odella Larkin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Jean Farnam
Child's Name in Full

Mrs. C. L. Farnam
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

313-130-029-915

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102587

Registration District No. 61 File No. .....

Primary Registration District No. 2141 Registered No. 81

FULL NAME OF CHILD William H. Caldwell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 30 (Year) 1922
Male		yes	

What bactericidal solution was used in eyes? Nit Silver

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Ralph E. Caldwell	FULL MAIDEN NAME	Maud Randall
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	S. D.	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11-45-P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke
(Physician or midwife)

Give names added from a supplemental report.

..... 19..

..... Registrar.

Address .....

Filed June 11 1922 M H Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 0 19

331-203-029-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Garfield Town

No. R F D St.

Registration District No. 61

File No. 102588

Hospital

Primary Registration District No. 2141

Registered No. 83

FULL NAME OF CHILD Anna Marie Clausen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	6 3 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Rasmus Clausen	FULL MAIDEN NAME	Maren Hansen
RESIDENCE	Deep Creek Idaho	RESIDENCE	Deep Creek Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was June 3 1922, at 8:35 P. M. (Born alive or stillborn) on the date above stated.

(Signature) A S Coon MD
(Physician or midwife)

Address Garfield Wash.

Filed June 26 1922 M H Carithers
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 9 1969

389-206-028

PLACE OF BIRTH

RECEIVED JUL 8 — 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Garfield Wash.

No. R F D St. Registration District No. 101 File No. 102589

Hospital Primary Registration District No. 2141 Registered No. 84

FULL NAME OF CHILD Joyce Ruth Chittenden
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 6 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ed Henry Chittenden	FULL MAIDEN NAME	Florence A Marsh
RESIDENCE	Latah Co Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) P E Wessel

Physician
(Physician or midwife)

Address Garfield Wash

Filed June 8 1922 M Hawthorn Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVER[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital ance to have the full name included in the record. Kindly fill in the information requested in the blank and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTIC

Place of Birth — City: ~~Garfield~~ Potlatch

File Number: 102589

Street:

Registration Dist. No.:

County: ~~Ida~~ Latah

Sex of Child: Female

Date of Birth: June 6

Father: Edwin Henry Chittenden (Full Name)

Mother: F. Lorence A. M (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Joyce Ruth Chittenden
Child's Name in Full

Edwin Henry Chitten
Signature of Father or Moth

- - - - - - - - - - -

rth registration is part of every child's birthright.

establishes legally the date of the child's birth, parentage imacy.

t enables the Public Health Nurse to make sure the child has ected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

The correct age for purposes of school attendance.
Employment.
Protection under the law.
Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.

Just at this time while many of the Ex-Service men are com- furnish certified copies of certificates of birth, it is im- at the certificates be filed with the BUREAU OF VITAL STATIS- he same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-118-029-74

PLACE OF BIRTH

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. R. W. St.

Registration District No. 61 File No. 102590

Hospital

Primary Registration District No. 214 Registered No. 87

FULL NAME OF CHILD Robert John Ott

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 18, 1922

What bactericidal solution was used in eyes? Argent. Nitrate 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clifford N. Ott	FULL MAIDEN NAME	Retha Guy
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iona Falls, Iowa	BIRTHPLACE	Moscow Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, **at** 10.35 A. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clifford O. Armstrong

Physician

(Physician or midwife)

Address Moscow Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 28 1922 Carthers W H
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

SM-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth:
City: Moscow
Street and House No.: R 7 LO.
County: Latah Co.

Registered No.: 87
Registration Dist. No.:

Sex of Child: Male
Date of Birth: June 18 1922 (MONTH DAY YEAR)
Father: Clifford M Ott (FULL NAME)
Mother: Retha M Guy (FULL MAIDEN NAME)

I Hereby Certify that the child described has been named:

Robert John Ott (GIVEN NAME IN FULL SURNAME)

as reported by Clifford M Ott (FATHER OR MOTHER)

M Hoarithers (LOCAL REGISTRAR)

JUL 13 1964

d herein

892-111-029-285

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

Registration District No. 61 File No. 102591

Primary Registration District No. 2141 Registered No. 78

FULL NAME OF CHILD Kenneth Frank Hisel
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	May 11 1922

What bactericidal solution was used in eyes? Nit Silver

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Herbert Hisel	FULL MAIDEN NAME	May T. Byers
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	MO	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4:30 - P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed June 11 1922 M Harithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/5/40 L. B.

JUL 24 1967

459-125-029-645

PLACE OF BIRTH

County of Latah

City of —

No. — St.

Hospital —

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102592

Registration District No. 61 File No.

Primary Registration District No. 2141 Registered No. 90

FULL NAME OF CHILD Lucian Adrian Deranleau
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X		X	Yes	June 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Yes Agno3

Number of child of this mother, including present birth 7th Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Henry Raymond Deranleau	FULL MAIDEN NAME	Elizabeth Odenwald
RESIDENCE	Lenville	RESIDENCE	Lenville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Fort Pear S.D.	BIRTHPLACE	Moore, Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1 am M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Magee

Physician
(Physician or midwife)

Address Moscow Ida

Give names added from a supplemental report.

....., 19....

Registrar.

Filed June 30 1922 W H Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-117-029-369

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 102593

Primary Registration District No. 1011 Registered No. 79

FULL NAME OF CHILD Donald Raymond Thorp

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 17 1922

What bactericidal solution was used in eyes? Nit Silver

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Leonard Thorp	FULL MAIDEN NAME	Mabel Compton
RESIDENCE	Moscow	RESIDENCE	Moscow Compton
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 10-P M. (Born alive or stillborn) on the date above stated.

(Signature) J. H. Clarke

(Physician or ~~midwife~~)

Address ____

Filed June 12 1922 M Hawthorn Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____, 19____

____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/12/41. w.h.

Bellingham, Washington
June 17, 1941

RECEIVED
JUN 19 1941

State of Idaho,
Bureau of Vital Statistics,
Boise, Idaho

Gentlemen:

I hereby certify that the name of Donald T. Thorp, as shown on your records, should be corrected to read Donald Raymond Thorp.

Very truly yours,

Mable Thorp Cooper
Mable Thorp Cooper, mother

Subscribed and sworn to before me this 17th day of June, 1941.

L. L. Bouchet
Notary Public residing at
Bellingham, Washington

433-123-029-437

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

RECEIVED JUL 5 1927 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 102594

Primary Registration District No. 1011 Registered No. 80

FULL NAME OF CHILD Donald McCoy

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 23 1927

What bactericidal solution was used in eyes? Nit Lidus

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Roy McCoy	FULL MAIDEN NAME	Mable B. McGraw
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Neb.	BIRTHPLACE	[redacted]
OCCUPATION	Laborer	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11-P M. (Born alive or stillborn) on the date above stated.

(Signature) J. U. Clarke

(Physician or midwife)

Address .....

Filed June 11 1927 M Hawthorne Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

153-202-029-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

County of Latah
City of Moscow
No. 720 So. Main
Registration District No. 61
Hospital The Gritman
Primary Registration District No. 1011
File No. 102595
Registered No. 82

FULL NAME OF CHILD Carolyn Jean Kelley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	6-2-1922

What bactericidal solution was used in eyes? Argyrol 2%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Thomas Kelley	FULL MAIDEN NAME	Katherine Blair
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	DuQuoin, Ill.	BIRTHPLACE	Mount Vernon, Ill
OCCUPATION	Athletic Coach-Coal	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)

Address Moscow, Idaho.

Give names added from a supplemental report.

....., 19.....

Filed June 28 1922 W.H. Carothers
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 5 1945

SEP 2 3 1943

88-209-029 - 419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102596

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

County of Latah
City of Moscow
No. 1205 Main St. Registration District No. 61 File No.
Hospital Dr Gritman Primary Registration District No. 1011 Registered No. 85

FULL NAME OF CHILD Mary Jane Haynes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 9 - 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Archie Monroe Haynes	FULL MAIDEN NAME	Ada Edna Marshall
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho Falls, Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 8:45 a. M. **on the date above stated.**

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)
Address Moscow, Idaho

Filed June 28 1922 W H Carothers Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

636-209-029-~~389~~ 445

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

County of Latah
Amended 3-4-78
City of Moscow
No. 120 So. Main St. Registration District No. 61 File No. 102597
Hospital The Gritman Primary Registration District No. 1011 Registered No. 86

FULL NAME OF CHILD Kathryn Jeane O'Connor
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	6-9 1922

What bactericidal solution was used in eyes? Argent Nitrate 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Eugene Joseph O'Connor	FULL MAIDEN NAME	Kathryn Christine Sunders
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kansas	BIRTHPLACE	Uniontown, Wn.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clifford O. Armstrong
Physician
(Physician or midwife)

Address Moscow, Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed June 28 1922 W H Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
FEB 1 11 30 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 102597

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Kathryn Jeane O'Conner (Name on Original Certificate) who was born (Was Born or Died) on June 9, 1922 (Date of Event)
in Moscow, Idaho (Latah) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
sex of child	male	Female
name of child	Margaret Jean O'Conner	Kathryn Jeane O'Connor

Subscribed and sworn to before me this 8 day of December, 19 77

Kay Bunch

Notary Public, residing at Moscow, Idaho

My commission expires 10-10-78

(Seal)

Signed Kathryn L. O'Connor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kathryn Christine Lundeen 623 Ash St
(Street Address, City, State) Moscow Ida 83843

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of LATAH } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of January, 1978

Notary Public, residing at Moscow Idaho

My commission expires —
(Seal)

Signed
(Signature of Any Credible Person)

205 So. MAIN, Moscow, IDAHO
(Street Address, City, State)

FORM DH 60-155

CL 11/1/77

Certificate of Baptism issued by the St. Mary's Church of Moscow, Idaho, gives name as Kathryn-Jeane O'Bonnor child of Eugene O'Connor and Kathryn Londers. Child born in Moscow, Idaho on June 9, 1922 and Baptized June 18, 1922. Viewed by V.S.

Child's certificate lists mother's name as Kathryn Jeane O'Connor, child born Janury 8, 1950 to Howard Wellington Buchanan and Kathryn O'Connor, state file # 50-1864.
Viewed by V. S.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah

Certificate No. 102597

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Margaret Jean (Name on Original Certificate) who born (Was Born or Died) on June 9, 1922 (Date of Event) in Gritman Hospital (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on June 9, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Margaret Jean	Kathryn Jeanne O'Connor

Subscribed and sworn to before me this 4th day of Sept, 1943

R O Sheriel

Notary Public, residing at Moscow

My commission expires Sept. 23, 1944
(Seal)

Signed Mrs. Eugene O'Connor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

514 So Washington, Moscow, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of Sept, 1943

R O Sheriel

Notary Public, residing at Moscow

My commission expires Sept 23, 1944
(Seal)

Signed Julia Vogel R.N.
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 14 1943

847-119-029-593

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 271 N. Adams St. Registration District No. 61 File No. 102598

Hospital Primary Registration District No. 1011 Registered No. 88

FULL NAME OF CHILD (Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 19 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Chas. John Hugo	FULL MAIDEN NAME	Jessie Nichols
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Kansas
OCCUPATION	Automobile Dealer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7.10 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.
(Physician or midwife)

Address Moscow, Idaho

Filed June 28 1922 W H Carothers
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-105-033-819

PLACE OF BIRTH

DEPAR[redacted]HO
[redacted]LIC WELFARE
B[redacted]TATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 102599

Primary Registration District No. 2178 Registered No. 116

FULL NAME OF CHILD George Ray Barney
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 5th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 5th Number of child of this mother now living, including present birth 2.

FATHER		MOTHER	
FULL NAME	Jedadiah L. Barney	FULL MAIDEN NAME	Anna A. Hardwick
RESIDENCE	Burton Idaho	RESIDENCE	Burton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE	St. Anthony Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive May 5th 1922, 6-10 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Parley Nelson

M.D.

(Physician or [redacted])

Address Rexburg Idaho.

Filed 6a 192[illegible] [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AL REASONS WHY A CERTIFICATE O
H CHILD AND THE SAME CO

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burton

Street: .....

County: Tuscarawas

File Number: 102599

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: May 5 1922

Father: Jed Dean Barney (Full Name)

Mother: Anna A. Handwerk (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

George Alex Barney (Child's Name in Full)

Jed Barney (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

962-211-033-251

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Plano

No. ..... St.

Hospital .....

Registration District No. 100 File No. 102600

Primary Registration District No. 2178 Registered No. 157

FULL NAME OF CHILD Vida Leona Robertson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 11th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 4th Number of child of this mother now living, including present birth 4

	FATHER		MOTHER
FULL NAME	Leslie N. Robertson	FULL MAIDEN NAME	Esther J. Knapp
RESIDENCE	Plano Idaho	RESIDENCE	Plano Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Plano Idaho	BIRTHPLACE	Hibbard Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive May 11th 1922, 10-55 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

MD.
(Physician or midwife)

Address Rexburg Idaho.

Filed 6/6 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 3 1944

[redacted] PLACE OF BIRTH 766-216-033-866

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 102601

Primary Registration District No. 2175 Registered No. 158

FULL NAME OF CHILD Barbara Jane Poole
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 16th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leslie E. Poole	FULL MAIDEN NAME	Leona K. Hoopes
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Willow Creek Idaho	BIRTHPLACE	Brigham City, Utah
OCCUPATION	Stenographer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive May 16th 1922 5-40 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Parley Nelson

M. D.
(Physician [redacted])

Address Rexburg Idaho

Filed 6/6 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL RE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: 112 North 1st East

County: Madison

File Number: 102601

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 16 1922

Father: Leslie E. Poole
Full Name

Mother: Leona Kathryne Hoopes
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Barbara Jane Poole
Child's Name in Full

Mrs. Leslie E. Poole
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

Poole

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

869-220-033-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102602

County of Madison

City of Thornton

No. ..... St.

Hospital .....

Registration District No. 101 File No. .....

Primary Registration District No. 2178 Registered No. 159

FULL NAME OF CHILD Dorothy Mae Horne
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	May 20th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Karl A. Horne	FULL MAIDEN NAME: Marinda S. Lauridsen
RESIDENCE: Thornton Idaho	RESIDENCE: Thornton Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: [illegible] Kansas	BIRTHPLACE: Mt. Pelier Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive May 20th 1922 6 A. M. (Born alive or stillborn) on the date above stated.

(Signature) Parley Nelson

M. D.
(Physician or [illegible])

Address Rexburg Idaho

Filed 6 6 1922 Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

EVERAL REASONS
CH CHI

JUL 2 1 1970

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Thornton

Street:

County: Madison

File Number: 102602

Registration Dist. No.: 10

Date of Birth: May 20th 1932.

Sex of Child: Female.

Father: Karl A. Horne (Full Name)

Mother: Merinda S. Laured (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dorothy Mae Horne (Child's Name in Full)

Mrs. Karl A. Horne (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

652-223-033-844

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102603

County of Madison

City of Rexburg

No. ..... St.

Registration District No. 100 File No. .....

Hospital .....

Primary Registration District No. 278 Registered No. 160

FULL NAME OF CHILD Olive Mettable Westover

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 25 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 7th Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: Wm. E. Westover	FULL MAIDEN NAME: Eulalia Humble
RESIDENCE: Rexburg Idaho	RESIDENCE: Rexburg Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Mendon Utah.	BIRTHPLACE: Huntington Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive May 25 at 1922 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson M.D.

(Physician or [illegible])

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 6 1922 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVERAL REASONS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ....Rexburg.... Street ..... County .....

File Number ....102603....

Registration Dist. No. ....Rexburg No. 3

Sex of Child ....Female....

Date of Birth ....May 23....1922..

Father ....[illegible] Weston....
Full Name

Mother ....[illegible] Elzada Humble....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

....Olive Mehitable Weston....
Child's Name in Full

....[illegible] Weston....
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

294-104-033-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Lyman

No. ..... St.

Hospital .....

Registration District No. 106 File No. 102604

Primary Registration District No. 2178 Registered No. 161

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 4th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 4th Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Asael R Simmons	FULL MAIDEN NAME	Nellie M. Smith
RESIDENCE	Lyman Idaho	RESIDENCE	Lyman Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Liberty Utah	BIRTHPLACE	Richmond Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive June 4th 1922 7-15 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Address Rexburg Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 6/6 1922 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-209-053-215

PLACE OF BIRTH

County of Bonneville

City of Ryburg

No. _____ St.

Hospital _____

[redacted]

STATE OF IDAHO
NT OF PUBLIC WELFARE
OF VITAL STATISTICS

FICATE OF BIRTH

Registration District No. 100 File No. 102605

Primary Registration District No. 2178 Registered No. 1682

FULL NAME OF CHILD Marie Hisako Matsumura

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	—	Yes	Jan 9 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4th (Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	S. Matsumura	FULL MAIDEN NAME	Tsuruyo Kanamoto
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida
COLOR	~~White~~ Dark	COLOR	Dark.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. G. Parkinson

(Physician or midwife)

Address Rexburg Ida

Give names added from a supplemental report.

— —

....., 19.....

Registrar.

Filed 6/28 1922 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-120-033-294

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102606

County of Gradisir

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 100 File No. _____

Primary Registration District No. 2178 Registered No. ~~119~~ 163

FULL NAME OF CHILD GRIFFITH E. WILLIAMS
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	—	Yes	6 20 1922

What bactericidal solution was used in eyes? argyol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	G. E. Williams	FULL MAIDEN NAME	Ethel Simmons
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Potosi Mo.
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Parkinson

Physician

(Physician or midwife)

Address Rexburg Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 6/21 1922 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 102606
Date Filed DEC 2 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Griffith E Williams (Name on original certificate) who was born (Was born or died) on June 20, 1922 (Date of event)
in Rexburg Idaho (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by Both (Bible record, insurance policy, etc.) prepared on Date of Birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Williams	Griff Williams
		Griffith E. Williams

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed J E Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rexburg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This affidavit MUST also be executed, (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4
day of December, 19 41

Notary Public, residing at Rexburg Ida.
My commission expires Oct 9 1944
[SEAL]

Signed Parley Nelson
(Signature of any credible person other than the previous affiant.)
Rexburg Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

FEB 10 1964

FEB

514-124-033-799

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102607

County of Madison
City of Rexburg
No. ..... St.
Hospital .....

Registration District No. 100 File No. .....
Primary Registration District No. 217 Registered No. ~~[illegible]~~ 164

FULL NAME OF CHILD GRAYDEN JUNIOR NADAULD
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	One		—	Yes	6	24	22

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	P. E. ~~Hardald~~ NADAULD	FULL MAIDEN NAME	Arbeltean Griffith
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kanosh Utah	BIRTHPLACE	Adamsville Ut.
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P. M. on the date above stated.
(Born alive or still born)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A still born child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson
Physician
(Physician or midwife)

Address Rexburg Ida.

Filed 6/28 1922 J. R. Ryoning
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO OCT 28 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho Calif. Certificate No. 102607

County of Los Angeles ss. Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Maudald (Name on Original Certificate) who Was Born (Was Born or Died) on June 24 1922 (Date of Event)

in Rexburg (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Maudald	Nadauld
Name	Unnamed	Grayden Junior Nadauld

Subscribed and sworn to before me this 24th day of October, 1942

Rachel Dettra

Notary Public, residing at 360 W. Florence Ave

My commission expires July 8, 1945

(Seal)

Signed P. E. Nadauld

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7604 So. Figueroa

(Street Address, City, State)

Los Angeles Cal

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of October, 1942

Rachel Dettra

Notary Public, residing at 360 W. Florence Ave.

My commission expires July 8, 1945

(Seal)

Signed Walter E. Provence

(Signature of Any Credible Person Other Than Previous Year)

433 W 87 St Los Angeles Calif.

(Street Address, City, State)

OCT 30 1942

PLACE OF BIRTH 864-224-033-249

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Madison

No. 1 St.

Registration District No. 100 File No. 102608

Hospital

Primary Registration District No. 2178 Registered No. 165

FULL NAME OF CHILD Lilia Annie Young

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1	—	Yes	6-24-192.2

What bactericidal solution was used in eyes? argyol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	W. L. Young	FULL MAIDEN NAME	Lilia Leota Smith
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Rexburg Ida.	BIRTHPLACE	Lewiston Utah
OCCUPATION	Furniture Merchant.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) G. G. Parkinson

Physician

(Physician or midwife)

Address Rexburg Ida

Filed 6/28 1922 W. L. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigburg

Street: 125 So. 1st West

County: Madison

File Number: 102608

Registration Dist. No.: 100

Date of Birth: June 24th 192 2

Sex of Child: Female

Father: William Lorenzo Young (Full Name)

Mother: Lillie Leota Smith (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lillie Annie Young
Child's Name in Full

Mrs. W. L. Young
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

382-126-033-31

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. 1 St.

Registration District No. 101 File No. 102609

Hospital

Primary Registration District No. 2178 Registered No. 166

FULL NAME OF CHILD CLARENCE H. CORDON, JR.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1 (To be answered only in event of plural births)	—	Yes	6 - 26 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	H. C. Cordon	FULL MAIDEN NAME	Velma Lake
RESIDENCE	Brigham	RESIDENCE	~~Rexburg~~ Brigham St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Rigby Ida.	BIRTHPLACE	Fairview Ida.
OCCUPATION	Salesman	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Parkinson

Rexburg Ida
(Physician or midwife)

Address Rexburg Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 6/28 1922 [redacted] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of...Idaho.....) Certificate No...102609.....
)ss
County of...Madison.....) Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..birth.....(birth or death) for Clarence H. Cordon Jr...who...was born.....(Name on original certificate) (was born or died) on..June 26, 1922....(Date of event) in..Rexburg, Idaho..(Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by..Family Record.....(Bible record, insurance plcy.etc.) prepared on..date of birth.....(Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Clarence H. Cordon, Jr.
Clarence H. Cordon Jr.		

Subscribed and sworn to before me this..18.day of..September....19.41

Signed..Providence Lake.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....Notary Public

Residing at...Rexburg, Idaho

.....Rexburg, Idaho.....
(Street address, City, State)

My commission expires..Ma..27..1943.....

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of.Idaho.....)
)ss
County of...Madison.....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.18...day of..Sept...26,...19.41

Signed..Edith A. Hoskins.....
(Signature of any credible person other than the previous affiant.)

.....Notary Public

Residing at..Rexburg, Idaho

.....Rexburg, Idaho.....
(Street address, City, State)

My commission expires...Mar..27,..1943.....

(SEAL)

FEB 9 1943

251-118-033-445

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 102610

Primary Registration District No. 2178 Registered No. 167

FULL NAME OF CHILD Carl Beattie

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	Twin		1st	yes	6 (Month) 18 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Carl Beattie	FULL MAIDEN NAME	Susan Munns
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Smithfield Utah
OCCUPATION	Farmer	OCCUPATION	house-wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Sutherland

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg - Idaho

Filed 6/28 1922 J. Rymmy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-118-033-445

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100 File No. 102611

No. ..... St.

Primary Registration District No. 2178 Registered No. 168

Hospital .....

FULL NAME OF CHILD William Beattie

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
male	Twin		2nd	yes	6 (Month) 18 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Earle Beattie	FULL MAIDEN NAME	Susan Munns
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Rexburg Ida	BIRTHPLACE	Smithfield - Utah
OCCUPATION	Farming	OCCUPATION	house wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Sutherland

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg - Ida.

Filed 6/18 1922 J. R. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-119-033-446

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg Registration District No. 100 File No. 102612

No. 335 E. 1st North St.

Hospital no Primary Registration District No. 2178 Registered No. 169

FULL NAME OF CHILD DEANE OSBORN Bird

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	6 19 1922

FATHER		MOTHER	
FULL NAME	David Osborne Bird	FULL MAIDEN NAME	Phillis Elizabeth Duffin
RESIDENCE	Rexburg - Ida	RESIDENCE	Rexburg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Montpelier - Ida	BIRTHPLACE	Paris - Ida
OCCUPATION	Farming	OCCUPATION	house-wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) W. L. Sutherland M. D.
(Physician or midwife)

Address Rexburg - Ida

Filed 6/28 19 22 R Crowns
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 102612

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Deane Osborn Bird

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed Phillis Huffine Bird
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

150 E 1st So. Rexburg Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14
day of December, 1942

Signed D Osborne Bird
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Rexburg Ida

My commission expires 9-25-43
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 22 1942

PLACE OF BIRTH 155-120-033-414

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. ..... St.
Registration District No. 100
File No. 102613
Hospital .....
Primary Registration District No. 2178
Registered No. 170

FULL NAME OF CHILD Quincy Maughan Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	6-20-1922

What bactericidal solution was used in eyes? yes - Silver nitrate 1%

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Wilford Lee Jensen	FULL MAIDEN NAME	Georgia Maughan
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Preston Idaho	BIRTHPLACE	Preston Idaho
OCCUPATION	Farming	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Sutherland M. D.
(Physician or midwife)

Address Rexburg Ida

Filed 6/28 1922 J. Ryang
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1958

JUN 30 1942

AUG

SEVERAL REASONS [illegible] SHOULD
BE FILED FOR EACH CHI[illegible]

Dear Madam.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burton School Dist

~~Street~~: Rexburg Post Office

County: Madison

File Number: 102613

Registration Dist. No. 43

Date of Birth: June 20 1922

Sex of Child: Male

Father: Wilford Leo Jensen (Full Name)

Mother: Georgia Maughan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Quincy Maughan Jensen (Child's Name in Full)

Wilford L Jensen (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

133-222-033-155

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 102614

Primary Registration District No. 2178 Registered No. 171

FULL NAME OF CHILD Bernice Allgood

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	-	-	-	Yes	6 (Month) 22 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Allgood	FULL MAIDEN NAME	Geniva Jensen
RESIDENCE	Rexburg - Idaho	RESIDENCE	Rexburg - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Wilford - Ida	BIRTHPLACE	Rexburg - Ida
OCCUPATION	Farming	OCCUPATION	house-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Sutherland M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg - Idaho

Filed 6/28 1922 J. Ryoming Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF HEALTH AND WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ririe Idaho

Street: R.F.D. No 3

County: Fremont

File Number: 102614

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: June 22 1922

Father: Arthur Allgood (Full Name)

Mother: Geneva Allie Jensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Bernice Allgood
Child's Name in Full

Geneva Allgood
Signature of Father or Mother

MAY 8 1967

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

766-224-033-343

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 788 File No. 102615

Primary Registration District No. 2178 Registered No. 172

FULL NAME OF CHILD Rhea Pfost

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	6 24 1922

FATHER		MOTHER	
FULL NAME	Christopher W. Pfost	FULL MAIDEN NAME	Malaeska Luthy
RESIDENCE	Rexburg Ida-	RESIDENCE	Rexburg-Ida-
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Germany	BIRTHPLACE	Schwitzerland
OCCUPATION	Farming	OCCUPATION	house-wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:35 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Sutherland

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg-Idaho

Filed 6/28 1922 J Ryoung
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STA[illegible] IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUL 13 1922

Boise, Idaho, ... 19

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital im[illegible]ce to have the full name included in the record. Kindly fill in the information requested in the blank b[illegible] return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS

RECEIVED OCT 11 1922 BUREAU OF VITAL STATISTICS

Place of Birth
City On Farm
Street Near Rexburg
County Madison

File Number 102615

Registration Dist. No. .....

Sex of Child Female

Date of Birth June 24 192

Father C. W. Pfost
Full Name

Mother Malaeska L
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Rhea Pfost
Child's Name in Full

C. W. Pfost
Signature of Father or Mother

— Oct 7 - 22

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
) FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.
It establishes legally the date of the child's birth, parentage
itimacy.
It enables the Public Health Nurse to make sure the child has
otected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-
to furnish certified copies of certificates of birth, it is im-
that the certificates be filed with the BUREAU OF VITAL STATIS-
d the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1510

714-231-033-755

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. 266 S Center St.
Hospital

Registration District No. 100 File No. 102616
Primary Registration District No. 2178 Registered No. 173

FULL NAME OF CHILD NORMA MAUDE PAUL
(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth 5-31-192?
(Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% Mercuny Chlorom

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Clarence Paul	FULL MAIDEN NAME Alda Mariette Gee
RESIDENCE Burley	RESIDENCE Burley
COLOR White	AGE AT LAST BIRTHDAY (Years) 36
BIRTHPLACE Ida	COLOR White
OCCUPATION Clerk- Farm Implements	AGE AT LAST BIRTHDAY (Years) 28
	BIRTHPLACE Utah
	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 a M. on the date above stated.
(Born alive or stillborn)

(Signature) Lorin F. Rich
MD
(Physician or midwife)
Address Rexburg Ida

Filed 6/30 192? J. Rowing
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles

Certificate No. 102616

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Norma Maude Paul (Name on Original Certificate) who was born (Was Born or Died) on May, 31, 1922 (Date of Event)
in Rexburg, Idaho (Place of Event) were omitted; and that, to the best of ~~his~~ her knowledge, the
true facts are shown by signature of mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamd	Norma Maude Paul

Subscribed and sworn to before me this 14th
day of July, 19 43

Inez McCann

Notary Public, residing at Montebello, Calif.

My commission expires March, 1, 1947
(Seal)

Signed Mrs Alda M. Paul
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 21 1943

1511

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 214-231-033-765

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102617

County of Madison

City of Lyman

No. ..... St.

Registration District No. 100 File No. .....

Hospital .....

Primary Registration District No. 2178 Registered No. 174

FULL NAME OF CHILD Lorain Ethel Baumgartner
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 5-31-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% Mercury Chrome

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Ernest Baumgartner	FULL MAIDEN NAME	Nina Gfeller
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Ida

Filed 6/30 1922 J Rymer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

MAY 1 1942

1512

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 963-104-033-155

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100 File No. 102618

Primary Registration District No. 2178 Registered No. 175

FULL NAME OF CHILD Henry Gordon Rock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	6 - 4 - 1922

What bactericidal solution was used in eyes? 2 % Mercury chrome

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Harry Rock	FULL MAIDEN NAME	Ella Jensen
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
M D
(Physician or midwife)

Address Rexburg Ida

Filed 6/30 1922 J Ryong
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: .....

County: Madison

File Number: 102618

Registration Dist. No.: 27

Date of Birth: June 4 1922

Sex of Child: Male

Father: Harry Rock
Full Name

Mother: Ella Jensen
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Henry Gordon Rock
Child's Name in Full

Ella Rock
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1513

318-105-033-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102619

County of Madison

City of Archer

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 176

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	6 - 5 - 1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	John Leroy Taylor	FULL MAIDEN NAME	Olive Malissa Smith
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 05 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Ida

Filed 6/30 1922 J Rymer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

File Number 102619

Street .....

Registration Dist. No. .....

County .....

Date of Birth .....192....

Sex of Child ..... Male .....

Father .....
Full Name

Mother .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1514

PLACE OF ~~BIRTH~~ SSS-106-033-681

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Independence

No. ..... St.

Registration District No. 100 File No. 102620

Hospital .....

Primary Registration District No. 2128 Registered No. 177

FULL NAME OF CHILD SYRIL WESLEY NEELEY
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	6 - 6 - 1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Wesley Neeley	FULL MAIDEN NAME	Sybil Wyatt
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich
MD
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

Registrar.

Address Rexburg Idaho.

Filed 6/30 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bonneville } ss.

DEC 2 1941

Certificate No. 102620
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)

for (Name on original certificate) who (Was born or died) on (Date of event)

in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Neeley	Syril Wesley Neeley

Subscribed and sworn to before me this 1st day of December, 1941.

W. L. Chatterton
Notary Public, residing at Idaho Falls Idaho

My commission expires Aug. 19, 1945
[SEAL]

Signed Sybil Neeley Armstrong
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

~~#~~ 166 G St. Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of December, 1941.

W. L. Chatterton
Notary Public, residing at Idaho Falls Idaho

My commission expires Aug. 19, 1945
[SEAL]

Signed John B. Wyatt
(Signature of any credible person other than the previous affiant.)

166 G St. Idaho Falls Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

APR 9 1957

1514

PLACE OF [redacted] STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

867-108
033-693

CERTIFICATE OF BIRTH 102622

County of Madison
City of Hibbard
No. ____ St.
Hospital ____

Registration District No. 10
Primary Registration District No. 1078
File No. ____
Registered No. 179

FULL NAME OF CHILD GRANT HOPE
(Certificate of no value without full name of child.)

Sex of Child Male
Twin, Triplet or other? ____ **and Number in order of birth** ____
(To be answered only in event of plural births)
Legitimate? Yes
Date of birth 6 (Month) 8 (Day) 192[illegible] (Year)

What bactericidal solution was used in eyes? 2% Mercury Solution

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	James Eli Hope	FULL MAIDEN NAME	Emily Withers
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Immediate (Born alive or stillborn), at 12 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Peck M.D.
(Physician or midwife)
Address Rexburg Idaho

Give names added from a supplemental report.

..... 19.....
..... Registrar.

Filed 6/30 192[illegible] [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 8 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 102622
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Grant Hope (Name on original certificate) who was born (Was born or died) on June 8 - 1922 (Date of event) in Rexburg R.F.D. Madison Co (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family record (Bible record, insurance policy, etc.) prepared on date of Birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Hope	Grant Hope
Grant Father's name	John	James
Mother's name	Walters	Withers

Subscribed and sworn to before me this 3rd day of December, 1941
D. E. Stowell
Notary Public, residing at Rexburg Ida.
My commission expires Sept 5 1942
[SEAL]

Signed Jas. Elv Hope
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rexburg R.F.D. #2 Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

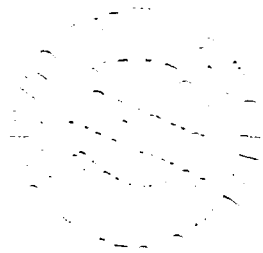
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of December, 1942
D. E. Stowell
Notary Public, residing at Rexburg Ida.
My commission expires Sept 5 - 1942
[SEAL]

Signed W. I. Holley
(Signature of any credible person other than the previous affiant.)
Box 218. Rexburg Ida.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

DEC 27 1941



151

[redacted]RTH [redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Labelle

No. 469-209-026-253 St. Registration District No. 100 File No. 102623

Hospital Primary Registration District No. 7178 Registered No. 180

FULL NAME OF CHILD Theo Ila Morgan

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	6 9 1922

What bactericidal solution was used in eyes? 2% nitrate of silver

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	David Franklyn Morgan	FULL MAIDEN NAME	Deseret Beck
RESIDENCE	Labelle	RESIDENCE	Labelle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:20 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Nich.

M.D.

(Physician or midwife)

Give names added from a supplemental report.

Address Rexburg Ida

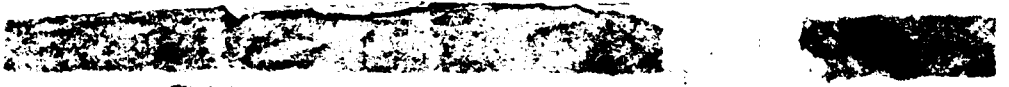
....., 19.....

Filed 6/30 1922 J. Young

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUL 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: La Belle

Street: .....

County: Jefferson

File Number: 102623

Registration Dist. No.: .....

Sex of Child: Female

Date of Birth: June 9 192 2

Father: David Franklin Morgan (Full Name)

Mother: Deseret Beck (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Theo Ila Morgan

Child's Name in Full

Deseret Morgan

Signature of Father or Mother

MAR 16 1971

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1518

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLAC[redacted]

County of [redacted]

City of Hubbard

No. 893-111-033-857 St. Registration District No. 160 File No. 102624

Hospital Primary Registration District No. 2178 Registered No. 18

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Mayhew Hellman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	6-11-192[illegible]

What bacteriolidal solution was used in eyes? 2% Mercurochrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Victor Albert Hellman	FULL MAIDEN NAME	Lyla Hegstead
RESIDENCE	Hubbard	RESIDENCE	Hubbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin A. Rich MD
(Physician or midwife)

Address Kuna Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 6/31 192[illegible] [illegible]
Registrar.

4/3/41 L. B.

1520

PLACE OF BIRTH

County of [redacted]

City of Sugar

No. 789-113 633-318 St. Registration District No. 104 File No. 102625

Hospital ..... Primary Registration District No. 2178 Registered No. 182

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Milford Kent

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	6 13 1922

What bactericidal solution was used in eyes? 2% Mercury chrom

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Wilford Phillips	Amelia E Taylor
RESIDENCE	Sugar City	Sugar City
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	32
BIRTHPLACE	Idaho	England
OCCUPATION	School teacher	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 05 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Lorin F Richards MD

(Physician or midwife)

Address Rexburg Ida

Filed 6/30 1922 J Rymer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE
ILED FOR EACH CHILD AND THE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar

Street:

County: Madison

File Number: 102625

Registration Dist. No.:

Date of Birth: June 13 1922

Sex of Child: Male

Father: James Wilford Phillips (Full Name)

Mother: Amelia E. Taylor (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wilford Kent (Child's Name in Full)

J W Phillips (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1519

PLACE OF BIRTH 415-213
033-154

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. ..... St.
Hospital .....

Registration District No. 100 File No. 102626
Primary Registration District No. 2178 Registered No. 183

FULL NAME OF CHILD June Davies
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	6 - 13 - 1922

What bactericidal solution was used in eyes? 2% mercury chloride

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph Thomas Davis	FULL MAIDEN NAME	Lora C Anderson
RESIDENCE	Utah	RESIDENCE	Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was fine alive (Born alive or stillborn), at 2 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F Rich
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Rexburg Ida

Filed 6/30 1922 J Rexburg Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg Idaho

Street: 1 west 3rd South

County: Madison

File Number: 102626

Registration Dist. No.:

Sex of Child: Female

Date of Birth: June 13 192 2

Father: Joseph Thomas Davies (Full Name)

Mother: Lora Christina Anderson Da (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

June Davies

Child's Name in Full

Mrs. Jos. T. Davies

Signature of Father or Mother

MAR 4 1957

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
E FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage nd legitimacy.

It enables the Public Health Nurse to make sure the child has een protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are comlled to furnish certified copies of certificates of birth, it is imrtant that the certificates be filed with the BUREAU OF VITAL STATISCS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1529

PLACE OF BIRTH 986-230-033-249

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Herman

No. ..... St.

Registration District No. 10 File No. 102627

Hospital .....

Primary Registration District No. 7178 Registered No. 184

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	6-30-192[illegible]

What bactericidal solution was used in eyes? 2% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John William Rhodehouse	FULL MAIDEN NAME	Lettie A Swank
RESIDENCE	Herman	RESIDENCE	Herman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 25 P M. on the date above stated.

(Signature) Lorin A Rich MD

(Physician or midwife)

Address Rexburg Idaho

Filed 6/30 192[illegible] [illegible] Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH [redacted] RECEIVED JUL 5 BUREAU OF VITAL STATISTICS

Amended 6/13/79

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. 689-704 St. 039-364

Hospital

Registration District No. 19

Primary Registration District No. 2015

File No. 102628

Registered No. 102

FULL NAME OF CHILD Jean Marie White

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 4 1922

What bactericidal solution was used in eyes? 2% Argyrol

Number of child of this mother, including present birth 1

Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James Elmer White	FULL MAIDEN NAME	Dorothea Jennie Conover
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa
OCCUPATION	Auto Mechanic	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:05 a M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore M.D.

(Physician or midwife)

Address Rupert

Give names added from a supplemental report.

....., 19.....

Filed 6-17-1922 E. H. Elmore

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OCT 29 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of OREGON
County of Linn } ss.

Certificate No. 102628

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Gene Marie White (Name on Original Certificate) who was born (Was Born or Died) on June 4, 1922 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name (first)	Gene	Jean

Subscribed and sworn to before me this 16 day of January, 19 78

Frances Rue

Notary Public, residing at Lebanon, Oregon

My commission expires Feb. 10, 1975

(Seal)

Signed Catherine White Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3860 S. Santiam Highway

Lebanon, Oregon 97355 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Linn } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of September, 19 78

Frances Rue

Notary Public, residing at Lebanon, Oregon

My commission expires Feb. 10, 1979

(Seal)

Signed William Newman Jr.

(Signature of Any Credible Person)

789 Ralston Drive, Lebanon, OR 97355

(Street Address, City, State)

FORM DH 60-155

CL 12/18/73 nm

Transcript from Lebanon High school, Oregon gives name as Jean White born June 4, 1922 at Rupert, Idaho. date of Entrance 9-9-36. date fo Graduation May 31, 1940. viewed by V. S.

JUN 13 1979

Voter's registration card gives name as Jean M. Warden. Spouses name as William H. Wardena dn parents ames as J. Ames White and Dorothea Conover. dated April 13 1960. viewed by V. S.

293-111-0B4-293

PLACE OF BIRTH

RECEIVED JUL 5 1922 VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital

Registration District No. 19

Primary Registration District No. 2015

File No. 102629

Registered No. 103

FULL NAME OF CHILD Paul Biles

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			No	June 11 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Cullen Coombs	FULL MAIDEN NAME	Ella Biles
RESIDENCE	Missouri	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, **at** 2 15 P. M.
(Born alive or stillborn)
on the date above stated.

(Signature) Ett Elmore

M.D.
(Physician or midwife)

Address .....

Filed 6-17 1922 Ett Elmore
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1971

Child's name added 7-31-90 MCM

PLACE OF BIRTH

Minidoka

RECEIVED
JUL 5 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Cassia

City of Burley (Paul)

No. 144-205-03½-23 St.

CERTIFICATE OF BIRTH 102631

Registration District No. 19 File No.

Hospital Primary Registration District No. 2015 Registered No. 105

FULL NAME OF CHILD ALTA Judkins

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	and		Yes	May 5 1927

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	J. B. Judkins	FULL MAIDEN NAME Sarah Blanch
RESIDENCE	Paul Ida	RESIDENCE Paul Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE Idaho.
OCCUPATION	Farming.	OCCUPATION Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 11 a.s. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Filed May 10th 1927 Ella Elmore

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REA
BE FILED FOR EACH C

The name of your baby was not filled in on the birth certificate sent to this office. It is of vi. nport-ance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number 102631

Registration Dist. No. .....

Sex of Child ..... Female .....

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Child's Name in Full

..... Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

7-12-90

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

STATE OF IDAHO
BUREAU OF
VITAL STATISTICS
JUL 30 10 27 AM '90

State of _____ } ss.
County of _____ }

Certificate No. 102631
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Baby Girl Judkins (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 5, 1922 (Date of Event)
in Paul (Minidoka) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl Judkins	Alta Judkins
~~# of children born~~	~~3~~	4
		no documents presented

Subscribed and sworn to before me this 18th day of July, 19 90.

NOTARY PUBLIC
Comm. Exp. 7-27-93
MARSHA MESTAS
951 E 830 S
Pl. Grove, UT
84062
STATE OF UTAH

X Notary Public Marsha Mestas
Residing at 951 E 830 S Pleasant Grove
My commission expires 7-27-93
(Seal)

X Alta J. Bailey
Signature of Applicant
X 643 North 300 W. American Fork Dist
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

JUL 3 1 1990

LDS blessing certificate shows Alta Judkins born May 5, 1922 in Paul to Parley B & Sarah Blanche and blessed May 5, 1922 by Alma H Wells. Viewed by VS.

UT marriage License shows Albert Storer Bailey and Miss Alta Judkins were married Dec 8, 1941 in Salt Lake City by Persyl Richardson. Viewed by VS.

Amended 6-25-63

692-105-084-199

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 102632
Local Reg. No. 106
Reg. Dist. No. 19

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Minidoka	a. STATE: Idaho b. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Horace	Eugene	Fisher

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
M.	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	May 5, 1922

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
William	Orvil	Fisher	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
33 YEARS	Iowa	Farming	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Lee Anner		Arrington	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
38 YEARS	Tenn.	4	1	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE	18b. ATTENDANT AT BIRTH
Dr. J. C. Patterson	M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Burley, Idaho	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
May 10, 1922	E.H. Elmore	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY	22b. WEIGHT AT BIRTH	23.
WEEKS	LBS. OZS.	Was a standard serological test for syphilis performed? YES [ ] NO [ ]
		Approximate date.....

Name prophylactic used to prevent Ophthalmia Neonatorum: Silver Nitrate

Form DPH-48001

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occ hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phy or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or ow the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, i case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

Documents listed on back →

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED APR 19 1963 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 102632

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Horace Eugene Fisher (Name on Original Certificate) who was born (Was Born or Died) on May 5, 1922 (Date of Event) in Heyburn, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Father	W. O. Fisher	William Orvil Fisher
Full Maiden Name of Mother	LeeAnna Arrington	Lee Anner Arrington

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Mrs. W. O. Fisher

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of April 1963

Notary Public, residing at Logan, Utah

My commission expires 3-13-65

(Seal)

Signed Callie Arrington Ward

(Signature of Any Credible Person)

171 South 3rd W. — Logan, Utah

(Street Address, City, State)

FORM DH 60-155 CL 3-26-63. ~~nm~~ one copy pd. rec. #03406.

L.D.S. Church Certificate of Membership, East Tenn. Conference, dated Oct. 15, 1905 gives full name as Lee Anner Arrington - baptized Oct. 7, 1899; confirmed Oct. 7, 1899. - viewed by V.S.

L.D.S. Church Certificate of Membership, Southwestern States Mission, Lawrence Branch, Baptized Oct. 26, 1900 and confirmed Oct. 27, 1900 gives full name as William Orvil Fisher - viewed by V.S.

Marriage License and Certificate (Cert. Copy) issued March 11, 1963, State of Oklahoma, County of Comanche gives full name of groom as William O. Fisher and full name of bride as Lee Anner Arrington - married March 1, 1908 at Lawton, Oklahoma - viewed by V.S.

L.D.S. Church Certificate of Ordination to the Holy Priesthood as a High Priest, Jan. 18, 1953 gives full name as William Orvil Fisher - viewed by V.S.

Statement from Ralph A. McCombs, Bishop of Heyburn Second Ward, Heyburn, Idaho - L.D.S. Church - statment written June 9, 1963 states "This is to certify that the following persons were admitted into the Heyburn Second Ward of the Church of Jesus Christ of Latter-day Saints, on March 21, 1948: William Orvil Fisher, son of Samuel Brown Fisher and Ida Irene (Sipe) Fisher, born 18 Sept. 1888 at Guthrie, Iowa. Lee Anner Arrington Fisher, daughter of LeeRoy Madison Arrington and Priscilla Jane (Brisendine) Arrington, born April 3, 1883 at Parrotsville, Cocke, Tennessee." - viewed by V.S.

357-102-034-514

PLACE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Minidoka

No. ..... St.

Hospital .....

Registration District No. 19 File No. 102633

Primary Registration District No. 2015 Registered No. 107

FULL NAME OF CHILD LAWERENCE VICTOR LEGER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 2 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Robert ~~Ledger~~ LEGER	FULL MAIDEN NAME	Stella Vaughn
RESIDENCE	~~Neb~~ Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Nebr
OCCUPATION	O.S. L R R Employer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Address Rupert Idaho

Filed June 30 1922 E. W. Ellison
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 102633

Date Filed JUN 6 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for nnnamed male child (Name on Original Certificate) who was born (Was Born or Died) on June 2, 1922 (Date of Event)
in Minidoka, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by certif attending physician (Bible Record, Insurance Policy, Etc.) prepared on about May 29, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Ledger	Leger
Name	Unnamed	Lawerence Victor Leger

Subscribed and sworn to before me this 5th day of June, 1942.

Notary Public, residing at Rupert, Idaho

My commission expires Apr. 4, 1946
(Seal)

Signed Robert Roy Leger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Minidoka, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Minidoka } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of June, 1942.

Notary Public, residing at Rupert, Idaho

My commission expires Apr. 4, 1946
(Seal)

Signed E H Elmore MD
(Signature of Any Credible Person Other Than Previous Year)

Rupert, Idaho
(Street Address, City, State)

815-203-034-249

PLACE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ____ St.

Registration District No. 19

File No. 102634

Hospital ____

Primary Registration District No. 2015

Registered No. 108

FULL NAME OF CHILD June Verlee Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	6 3 1922

What bacteriecidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Jas Hansen	FULL MAIDEN NAME	Maude Larsen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 9 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Brown M.D.
(Physician or midwife)

Address Rupert Idaho

Filed June 30 1922 W. A. Eliason
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERA

FILED

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert

Street:

County: Minidoka

File Number: 102634

Registration Dist. No.:

Sex of Child: Female

Date of Birth: June 3 1922

Father: Joseph Hansen (Full Name)

Mother: Maryann Amanda Swe (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

June Verlee Hansen (Child's Name in Full)

Amanda Hansen (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BI[redacted]

STATE OF IDAHO
[redacted]RTMENT OF PUBLIC WELFARE
[redacted]BUREAU OF VITAL STATISTICS

County of Minidoka

City of Rupert

No. 235-128-034-2 St.

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 102635

Hospital

Primary Registration District No. 2015 Registered No. 109

FULL NAME OF CHILD
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5 28 1922

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jno D Stephenson	FULL MAIDEN NAME	Ella Sautter
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	R. R. Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Address Rupert Idaho

Filed June 30 1922 Ett Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. 446-112-034-213 St.

Registration District No. 19 File No. 102636

Hospital

Primary Registration District No. 2015 Registered No. 110

FULL NAME OF CHILD Alma Clarence Duffin Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	6 12 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Alma C. Duffin	FULL MAIDEN NAME	Margarette Batty
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Imp dealer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C R Groom

M D
(Physician or midwife)

Address Rupert Idaho

Filed June 30 1922 Ett Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

AUG 2 8 1975

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. 958-110-034-276 St.

Registration District No. 19

File No. 102637

Hospital

Primary Registration District No. 2015

Registered No. 111

FULL NAME OF CHILD Frank Edward Zehr

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 10 1922

What bacteriolidal solution was used in eyes? 2% argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	John Zehr	Elsie Speer
RESIDENCE	Rupert Idaho	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	25
BIRTHPLACE	Ill.	Ark.
OCCUPATION	Rancher	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9.30 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Gibson

(Physician or midwife)

Address Rupert Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 30 1922 A. D. Elmore

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1988

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

No. 263-207 St.
034-695

Hospital

Registration District No. 19 File No. 102638

Primary Registration District No. 2015 Registered No. 112

FULL NAME OF CHILD Jesse Francis Boldt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female				yes	May	7	1922

What bacteriolidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Aaron Boldt	FULL MAIDEN NAME	Anna Friesen
RESIDENCE	Rupert	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:15 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Elmore M. D.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 6-17-1922 E. A. Elmore Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDA

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho

Street: R. 1

County: Minidoka

File Number: 102638

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: 7 of June 1922

Father: Aron Boldt
Full Name

Mother: Anna Friesen
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

June Louise Boldt
Child's Name in Full

Mr. & Mrs. Aron Boldt
Signature of Father or Mother

FEB 19 1965

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. 253-216-034-631 St. Registration District No. 19 File No. 102640

Hospital Primary Registration District No. 2015 Registered No. 114

FULL NAME OF CHILD Myrtle Volara Kelly
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	5 16 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ira Kelly	FULL MAIDEN NAME	Fanny Flake
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Indiana	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy
Physician
(Physician or midwife)

Address Rupert

Filed June 30 1922 Ed H Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

9 1943

STATISTICS

Boise, Idaho,.....192.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital impor ance to have the full name included in the record. Kindly fill in the information requested in the blank beld and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert — Street: ..... — County: Minidoka

File Number: 102640

Registration Dist. No.: 19

Sex of Child: Female

Date of Birth: May 16 192 2

Father: Ira H. Kelly (Full Name)

Mother: Fannie Fern Flake (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Myrtle Volara Kelly (Child's Name in Full)

Ira H. Kelly (Signature of Father or Mother)

...CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

Kelly

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1922

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. 296-222-03#-36 St. Registration District No. 17 File No. 102641

Hospital ..... Primary Registration District No. 2065 Registered No. 115

FULL NAME OF CHILD Ruth Mary Brock
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	6 22 1922

What bacteriocidal solution was used in eyes? ag No3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	George Brock	FULL MAIDEN NAME	Blanch Conover
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7.38 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennagy
Physician
(Physician or midwife)

Address Rupert

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed June 30 1922 A W Ehmen Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1969

MAR 2 4 1954

238-214-035-49 [redacted] childs name amend

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO 3-25-85 dl
BUREAU OF VITAL STATISTICS

County of Nez Perce

CERTIFICATE OF BIRTH

City of Gifford

Registration District No. 92

File No. 102642

No. ..... St.

Primary Registration District No. 2170

Registered No. 49

Hospital .....

FULL NAME OF CHILD Irene Matilda Irene Matilda Clara Schrader

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	6 14 1922

FATHER		MOTHER	
FULL NAME	Rudolph Schrader	FULL MAIDEN NAME	Lizzie Dvorska
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A.M. on the date above stated.

(Signature) E.E. Watts

(Physician or midwife)

Address .....

Filed 6-14 1922

E.E. Watts
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

RECEIVED
JUL 1 1922
BUREAU OF VITAL
STATISTICS

STATE

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 1 3 1922 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Gifford; Street Nezperce; County

File Number 102642

Registration Dist. No.

Sex of Child Female

Date of Birth 14 June 1922

Father R. H. Schrader (Full Name)

Mother Lizzie Dierks (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Irene Tillie Clara
Child's Name in Full

R. H. Schrader
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 3 9 34 AM '85

State of ..... } ss.
County of ..... }

Certificate No. 102642

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Iren Tillie Clara Schrader (Name on Original Certificate) who was born (Was Born or Died) on June 14, 1922 (Date of Event)
in Gifford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on July 23 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Iren Tillie Clara Schrader	Irene Matilda Schrader

Subscribed and sworn to before me this 4th day of March, 1985

James E. Lloyd
Notary Public, residing at Lewiston

My commission expires .....
(Seal)

Signed Mildred Lowary (Sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER
NEZ PERCE COUNTY, IDAHO

904 Pine St
(Street Address, City, State)

SUBSCRIBED AND SWORN TO BY SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 10/22/71 lbc pd

Insurance policy from Pacific Empire Mutual Life Insurance Co. lists insured as Jeanette Diane Stellyes and contingent Beneficiary as Irene Matilda Stelyes. Policy dated Nov 11, 1958. Viewed by V.S.

Birth Certificate for Monte Lynn Stellyes born Dec 17, 1948 in Lewiston to Bernanrd Leonard Stellyes and Irene Matilda Schrader. Viewed by V.S.

MAR 2 5 1985

417-226-035-619

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida. Registration District No. 128 File No. 102643

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital ..... Coeur d'Alene Hospital

FULL NAME OF CHILD Ethel Maxwell

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	June 26 1922

FATHER		MOTHER	
FULL NAME	Martin Maxwell	FULL MAIDEN NAME	Leona Ward
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	Red 1/8	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician
(Physician or midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed June 1922 George Gaignard
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-102-035-296

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

near City of Culdesac Idaho

Registration District No. 128 File No. 102644

No. ..... St.

Primary Registration District No. Culdesac & Vicinity Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Grover Jackson	FULL MAIDEN NAME	Mary Broncheau
RESIDENCE	Culdesac Idaho	RESIDENCE	Culdesac Idaho
COLOR	Red	COLOR	Red
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Culdesac Idaho

Registrar

Filed June 1922 George Gaignard Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

756-205-035-235

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 102645
Local Reg. No.
Reg. Dist. No. 128

Amended 3/2/77

1. PLACE OF BIRTH

a. COUNTY: Nez Perce

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Culdesac (rural)

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Nez Perce

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN:

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Betty b. (Middle): Jean c. (Last): George

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	June 5, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Arlie b. (Middle): c. (Last): George

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
26 YEARS	Arkansas	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Florence b. (Middle): M. c. (Last): Stewart

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
24 YEARS	Idaho	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: George Gaignard

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Culdesac, Idaho

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: June 1922

22. REGISTRAR'S SIGNATURE: George Gaignard

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS. | Time: 1:30 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss. Certificate No. 102645

County of San Diego } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Helen Wanda George (Name on Original Certificate) who was born (Was Born or Died) on June 5, 1922 (Date of Event)

in Culdesac, Idaho (Nez Perce) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record - Baptism Cert. (Bible Record, Insurance Policy, Etc.) prepared on Bible Record 1931 - Bap. Cert 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Helen Wanda George	Betty Jean George

Subscribed and sworn to before me this 31st day of January 1977

Notary Public, residing at 106 Belmont Nat'l City, Ca

My commission expires 9-10-79

(Seal)

Signed Betty Jean (George) Berry

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2302 Prospect St. National City Cal. 92050

(Street Address, City, State)

OFFICIAL SEAL 1977 LOCATED CONTROL NOTARY PUBLIC - CALIFORNIA Principal Office, San Diego Co. Calif. My Commission Exp. Sept. 10, 1979

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.

County of SAN DIEGO

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of Feb. 1977

Notary Public, residing at Ramona, Ca

My commission expires 12-4-78

Signed Harry A. George

(Signature of Any Credible Person)

1633 ELM St. Ramona, Ca

(Street Address, City, State)

Rebecca Woolstenhulme

OFFICIAL SEAL REBECCA WOOLSTENHULME NOTARY PUBLIC CALIFORNIA PRINCIPAL OFFICE SAN DIEGO COUNTY My Commission Expires December 4, 1978

FORM DH 60-155

CL 1/5/77 lcc pd.

Family Bible record ~~f~~ gives nameas Betty Jene George born June 5, 1923. viewed by V. S.

Certif of Baptism ~~from~~ and Birth from First Methodist Church gives name as Betty Jean George daughter of Arlie L. George and Florence George. born June 5, 1922 at Culdesac. Baptized Feb 13, 1944. viewed by V. S.

442-106-035-415

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

102646

County of Nez Perce

City of Culdesac

Registration District No. 128

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital Culdesac & Vicinity

FULL NAME OF CHILD Quentin Paul Musick

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	June 6 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Musick	Margaret Donahue
RESIDENCE	Culdesac Idaho	Culdesac Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	West Virginia	Newfoundland
OCCUPATION	Laborer	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) George Gaignard

Physician

(Physician or midwife)

Address Culdesac Idaho

Filed June 19 22 George Gaignard

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-228-035-154

PLACE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

File No. 102647

County of Nez Perce
City of near Culdesac Ida
Registration District No. 128
No. ..... St.
Hospital .....
Primary Registration District No. Culdesac or Vicinity
Registered No. .....

FULL NAME OF CHILD Doris Mattoon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	May 28 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Loyal Mattoon	Zoe Anderson
RESIDENCE	Culdesac Idaho	Culdesac Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	30
BIRTHPLACE	Washington	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

(Signature) George Guignard
Physician
(Physician or midwife)

Address Culdesac Idaho

Filed May 1922 George Guignard
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-218-035-263

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac Ida.

Registration District No. 128

File No. 102648

No. ..... St.

Primary Registration District No. Culdesac & Vicinity

Registered No. .....

Hospital .....

FULL NAME OF CHILD Clio Vincent

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	May 18 1922

FATHER		MOTHER	
FULL NAME	Andrew J. Vincent	FULL MAIDEN NAME	Audra Kollenborn
RESIDENCE	Culdesac Idaho	RESIDENCE	Culdesac Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born above, at 7:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician
(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed May 1922 George Gaignard
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 11 1971

819-219-035-414

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Sweetwater Ida. Registration District No. 128 File No. 102649

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital ..... Culdesac & Vicinity

FULL NAME OF CHILD Donna Louise Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	April 19 1922

FATHER		MOTHER	
FULL NAME	William Harris	FULL MAIDEN NAME	Bessie Madden
RESIDENCE	Sweetwater Ida.	RESIDENCE	Sweetwater
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:55 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) George Gaignard

Physician
(Physician or midwife)

Address Culdesac Idaho

Filed April 19 22 George Gaignard
Registrar

JUN 6 1967

APR 2 195

243-211-035-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac Ida.

Registration District No. 128 File No. 102650

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital ..... Culdesac Maternity

FULL NAME OF CHILD Myrtle Agnes Butler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 11 22

FATHER		MOTHER	
FULL NAME	Clarence A. Butler	FULL MAIDEN NAME	Mina Harris
RESIDENCE	Culdesac Idaho	RESIDENCE	Culdesac Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard
Physician
(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed April 19 22 George Gaignard
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 16 1940

387-229-035-431

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1922

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lapwai Idaho near

Registration District No. 128

File No. 102651

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital ..... Culdesac Maternity

FULL NAME OF CHILD Prescilla Tyypes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	March 29 1922

FATHER		MOTHER	
FULL NAME	Pete Tyypes	FULL MAIDEN NAME	Jane McAtty
RESIDENCE	Lapwai Idaho	RESIDENCE	Lapwai Idaho
COLOR	Red	COLOR	Red
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

(Signature) George Gaignard

Physician (Physician or midwife)

Address Culdesac Idaho

Filed March 1922 George Gaignard M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

816-127-035-466

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

near Sweetwater Ida.

City of

Registration District No. 128 File No. 102652

No. St.

Primary Registration District No. Registered No.

Hospital Cul de sac & Vicinity

FULL NAME OF CHILD Gordon Wendall Hawley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	March 27 1922

FATHER		MOTHER	
FULL NAME	Fred Hawley	FULL MAIDEN NAME	Ida Moore
RESIDENCE	Sweetwater Ida.	RESIDENCE	Sweetwater Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaisnard

Physician
(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

19

Registrar

Filed March 1922 George Gaisnard
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-120-035-319

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of near Culdesac Ida

Registration District No. 128

File No. 102653

No. ____ St.

Primary Registration District No. ____

Registered No. ____

Hospital Culdesac Veterinary

FULL NAME OF CHILD Lloyd Donald Holbrook

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	March 20 1922

	FATHER	MOTHER
FULL NAME	Noah W. Holbrook	Bessie J. Carman
RESIDENCE	Culdesac Idaho	Culdesac Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	34
BIRTHPLACE	Washington	South Dakota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Noah W Holbrook Rec'd 1922
Husband
(Physician or midwife)

Address Culdesac Idaho

Filed March 1922 George Gaignard
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 1955

JUL

863-216-035-719

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston Ida.

Registration District No. 128

File No. 102654

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital Culdesac or Vicinity

FULL NAME OF CHILD Julia Heckman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	March 16 1922

FATHER		MOTHER	
FULL NAME	Fred R Heckman	FULL MAIDEN NAME	Ida Jemima Parker
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician
(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed March 1922 George Gaignard
Registrar

NOV 15 1967

693-204-035-168

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac Ida

Registration District No. 128 File No. 102655

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital ..... Culdesac & Vicinity

FULL NAME OF CHILD Mary Roberta Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	March 4 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jess J. Wilson	FULL MAIDEN NAME	Jessie Roberta Johnson
RESIDENCE	Culdesac Idaho	RESIDENCE	Culdesac Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Illinois
OCCUPATION	Rural Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Culdesac Idaho

Registrar

Filed March 1922 George Gaignard
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 8 1974

619-103-035-296

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH [redacted] IDAHO [redacted] L STATISTICS [redacted] OF BIRTH

County of Nez Perce

City of Culdesac

Registration District No. _____ File No. 102656

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Joseph James Ward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 3rd 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Pick Ward	FULL MAIDEN NAME	Lilly Agnes Broncheau
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	White	COLOR	Nez Perce Indian
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	White Bird Ida	BIRTHPLACE	Culdesac Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 910 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Ft Lapwai Ida

Filed Feb. 1921 George Gaignard

Registrar

Registrar

E-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 10 2 34 PM '79

State of _____ } ss.
County of _____ }

Certificate No. 102656
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Ward (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 3, 1922 (Date of Event)

in Culdesac, Idaho (Nez Perce) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Joseph James Ward

Subscribed and sworn to before me this 4 day of April, 19 79.

Notary Public, Joan Taisey

Residing at Culdesac Idaho

My commission expires 2-2-81

(Seal)

Joseph James Ward
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

CL 4/2/79

Card from Nez Perce Tribe of Idaho gives name as Joseph J. Ward. No. 805 Enrol No.1644 born Feb 3,1922. viewed by V. S. dated Dec 27, 1961.

MAY 17 1979

Application to the Mutual Life Ins. Co of New York gives name as XXXXXD Joseph James Ward. born Feb 3, 1922 at Culdesac, Idaho. dated Nov 3, 1947. viewed by V. S.

286-108-035-762

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 [illegible]

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lapwai Idaho

Registration District No. 128 File No. 102657

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital Cuddeback Maternity

FULL NAME OF CHILD Gordon Irvie Shore

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Jan 8 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Irvie Shore	Cressee Gable
RESIDENCE	Lapwai Idaho	Lapwai Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Oregon	Oregon
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaymard

Physician
(Physician or midwife)

Address Cuddeback Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Jan 19 22 George Gaymard
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 21 1960

813-103-035-2

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of near Culdesac Ida.

Registration District No. 128 File No. 102658

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD WILLIAM HENRY HALL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan (Month) 3 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Hall	FULL MAIDEN NAME	Martha Kamberg
RESIDENCE	Culdesac Idaho.	RESIDENCE	Culdesac Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Culdesac Idaho

Registrar

Filed Jan 1922 George Gaignard Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 102658

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for No Name (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Jan 3, 1922 (DATE OF EVENT)
in Culdesac, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 5, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	William Henry Hall

Subscribed and sworn to before me this 27 day of April, 1942

John R. Phillips
Notary Public, residing at Lewiston, Ida

My commission expires June 21, 1945
(SEAL)

Signed Martha Hall
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Culdesac, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of April, 1942

John R. Phillips
Notary Public, residing at Lewiston, Ida

My commission expires June 21, 1945
(SEAL)

Signed Clara L. Johnson ~~Martha Hall~~
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Culdesac, Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 1 1942 By
(REGISTRAR'S SIGNATURE)

MAY 4 1942

295-129-035-254

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

County of Nezperce

City of Lewiston

No. 150 4-main St.

Registration District No.

File No. 102664

Primary Registration District No.

Registered No.

Hospital White

FULL NAME OF CHILD Charles Brewer Jr BREUER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 29 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles H. Brewer BREUER	FULL MAIDEN NAME	Louise Margaret Beuhlman
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iona	BIRTHPLACE	Lewiston Idaho
OCCUPATION	Mechanic	OCCUPATION	House-Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 30 A.M. on the date above stated.

(Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White

(Physician or [redacted])

Given names added from a supplemental report.

June 7 1922

F. T. Harris, M.D.
Registrar

Address Lewiston, Idaho

Filed June 1922

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 102664

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of [illegible] (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Brewer	CHARLES Breuer JUNIOR
		CHARLES BREUER ~~JUNIOR~~ JUNIOR

Subscribed and sworn to before me this 9th day of November, 1942.

B.K. Johnson

Notary Public, residing at Spokane

My commission expires 12-21-42

(Seal)

Signed Chas W Brewer

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 1 2 1942

363-201-035-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU O.

County of Nez Perce
City of Lewiston
No. ____ St.
Hospital St. Joseph's

Registration District No. ____ File No. 102665
Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Ann Locke
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 1 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank W. Locke	FULL MAIDEN NAME	Estes B. Slaine
RESIDENCE	Lewiston, Ida.	RESIDENCE	Lewiston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Ohio
OCCUPATION		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 10:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Pearson
(Physician or midwife)

Address Lewiston Ida.

Give name added from a supplemental report.

June 4, 1922
F. P. Stevens M.D.
Registrar.

Filed Jun 1922
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH [redacted] OF VITAL STATISTICS

JUN [redacted]

County of Nez Perce

CERTIFICATE OF BIRTH

City of About 8 miles S.E. Of Lapwai.

Registration District No. _____ File No. 102666

No. 249-201-035-366 St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Edith N. Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 1st 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. F. Smith	FULL MAIDEN NAME	Nora Edith Coffland
RESIDENCE	About 8 miles S.E. Of Lapwai	RESIDENCE	About 8 mi S.E. Of Lapwai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Washington State
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1145 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

June 7th 1922 Address Lapwai Ida

P. T. Harris M.D. Registrar Filed Jun 1922 Registrar

S-Y CO. 24856

JAN 8 1957

349-204-035-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 23 1922

County of Nezperce

City of Lewiston

No. 150 4 Main St.

Hospital White

Registration District No.

File No. 102667

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Marjorie Louise Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	May 4 1922

FATHER	MOTHER
FULL NAME: Malcom M. Curtis	FULL MAIDEN NAME: Dorothy Elizabeth Wilkinson
RESIDENCE: Lewiston, Idaho	RESIDENCE: Lewiston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Ind.	BIRTHPLACE: Montana
OCCUPATION: Salesman	OCCUPATION: House Wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was ..... at 8.30 A. M. on the date above stated.

(Born alive or [illegible])

(Signature) Edgar L. White

Physician

(Physician or Midwife)

Address Lewiston, Idaho

Filed Jun 1922

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

June 9 1922

R. T. Harris

Registrar

9-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/4/41 L. B.

PLACE OF B[redacted]

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102668

County of Nez Perce
City of Lewiston
No. 113-204-035-253 St. Registration District No. ..... File No. .....
Hospital St. Joseph Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Margot Goldie Jackson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	May 4 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Jackson	FULL MAIDEN NAME	Josephine Ketchum
RESIDENCE	Lewiston	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Minnesota	BIRTHPLACE	Wyoming
OCCUPATION	Taxi-owner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John A. Alley
(Physician or midwife)

Address Lewiston Idaho.

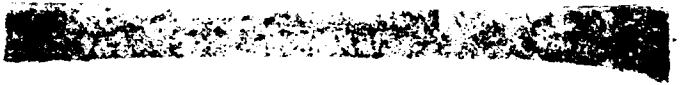
Give names added from a supplemental report.

June 7 1922

Accy P. T. Harris M.D.
Registrar.

Filed Jun 1922
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUL 10 1942

JUN 25 1945

813-209-035-713

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED CERTIFICATE OF BIRTH

County of NezPerce
City of Lewiston
No. ____ St.
Hospital ____

Registration District No. June 6, 1946
Primary Registration District No. ____

File No. 102669
Registered No. ____

FULL NAME OF CHILD Nida Ailene Halsey
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes	May 9, 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: Walter Halsey	FULL MAIDEN NAME: Rubey Packwood
RESIDENCE: Sweetwater, Ida.	RESIDENCE: Sweetwater, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Ver.	BIRTHPLACE: Wash.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

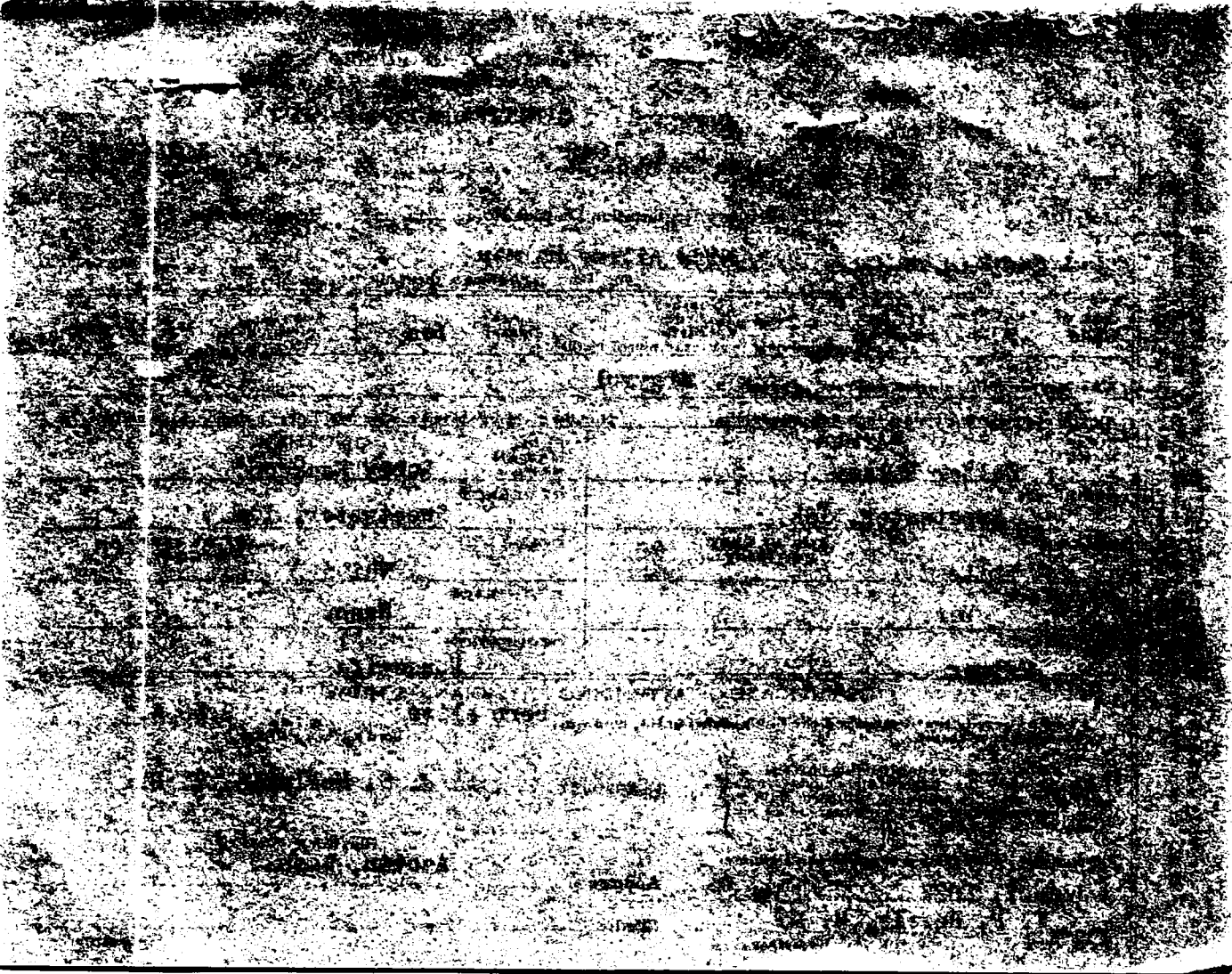
Give names added from a supplemental report.

(Signature) J. S. McElvain, M. D.
(Physician or midwife)
Address Asotin, Wash.

June 7, 1922, 192
F. P. Harris, M. D.
Registrar.

Filed ____ 192?
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 102669

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Nida Ailene Halsey (Name on Original Certificate) who was born (Was Born or Died) on May 9, 1922 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Rubey Halsey	Nida Ailene Halsey

Subscribed and sworn to before me this 29th day of May, 1946

F. H. Stephens
Notary Public, residing at Culdesac, Ida.
My commission expires 2-27-47
(Seal)

Signed Walter Halsey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Culdesac Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of May, 1946

F. H. Stephens
Notary Public, residing at Culdesac Ida.
My commission expires 2-27-47
(Seal)

Signed Nan Brust
(Signature of Any Credible Person)
Cottonwood, Idaho
(Street Address, City, State)

JUN 7 1940

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-110-035-248

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. ..... File No. 102670

No. 620 Main St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Kenneth Lee Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 10 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. D. Bell	Goldie Snyder
RESIDENCE	Lewiston Ida.	Lewiston Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	47	34
BIRTHPLACE	Tennessee	Nebr.
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle

Physician

(Physician or midwife)

Address Lewiston Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/7 1922 F. T. Harris, M.D.

Registrar

S-Y-CO 38071

7-17-41

APR 2 0 1954

MAR 1 3 1996

414-112-035-8[redacted]

PLACE OF BIRT[redacted]

STATE OF IDAHO
[redacted]ARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUN 22 1922

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston, Ida

No. 409 6th Ave St. Registration District No. _____ File No. 102671

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Robert Louis Damron
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 12 1922

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	D. Oscar Damron	FULL MAIDEN NAME	Jessie Horne
RESIDENCE	409 - 6th Ave	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Arkansas.	BIRTHPLACE	Washington.
OCCUPATION	Mason	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson
(Physician or midwife)

Give name added from a supplemental report.

June 7th, 1922

Address Clarkston

Johnson F. T. Harris, M.D.
Registrar.

Filed June 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 4 1917

245-113-035-796

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102672

County of Nezperce
City of Lewiston
No. ____ St.
Registration District No. ____
Hospital St Joseph
Primary Registration District No. ____
Registered No. ____

FULL NAME OF CHILD Thomas James Smith Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Ye	May 13 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thomas James Smith.	FULL MAIDEN NAME	Mollie Gonguish
RESIDENCE	304 - 1st Ave	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Wisconsin
OCCUPATION	Clerk cigar Store	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Braddock
(Physician or midwife)

Address Lewiston Ida

Give names added from a supplemental report.

June 7, 1922
P T Hamo M D
Registrar.

Filed ____ 192__
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

E G Braddock

252-218-035-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Waha

Registration District No.

File No. 102674

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Mildred Nafe Kessler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	May 18 22 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Alonzo H. Kessler	FULL MAIDEN NAME: Edna Nafe Richardson
RESIDENCE: Waha, Idaho	RESIDENCE: Waha, Idaho
COLOR: White	COLOR:
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Illinois
OCCUPATION: Mechanic	OCCUPATION: House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (born alive or stillborn) at 3.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgard L. White

Physician (Physician or midwife)

Given names added from a supplemental report.

June 7. 1922

F. T. Harrism M. D.

Registrar

Address Lewiston, Idaho.

Filed Jun 1922

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 11 1942

359-118-035-789

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 192
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce
City of Lewiston
No. ..... St.
Hospital St Joseph

Registration District No. .....
Primary Registration District No. .....

File No. 102676
Registered No. .....

FULL NAME OF CHILD (May 24 deceased) Tertling
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	May 18 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Hugh P. Tertling	FULL MAIDEN NAME	Marie Phillips
RESIDENCE	Lewiston Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Washington	BIRTHPLACE	Idaho.
OCCUPATION	Contractor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ~~Mid~~ 10:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Braddock
(Physician or midwife)

Address Lewiston, Idaho

Filed Jun 1922

Registrar.

Give names added from a supplemental report.

June 7, 1922

F. T. Harris, M.D.
Registrar.

Braddock

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

482-121-035-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 1504-main St.

Hospital White

Registration District No.

Primary Registration District No.

File No. 102677

Registered No.

FULL NAME OF CHILD Donald ~~Kenneth~~ Dykeman

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)		X	Yes	May 21 22

FATHER		MOTHER	
FULL NAME	George Herman Dykeman	FULL MAIDEN NAME	Selma Nelson
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Minn
OCCUPATION	Labor	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1.40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White

Physican (Physician or midwife)

Address Lewiston, Idaho.

Given names added from a supplemental report.

June 7. 1922

F. T. Harris, M.D. Registrar

Filed Jun 1922

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 22 1954

APR

125-230-035-359

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. R.F.D. 2 St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU

CERTIFICATE OF BIRTH

Registrar's District No.

File No. 102678

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Marjorie Ellen Akers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	May 30 1922

FATHER		MOTHER	
FULL NAME	Lee C. Akers	FULL MAIDEN NAME	Edith M. Lembke
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Colo	BIRTHPLACE	Ind.
OCCUPATION	Orchardist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 12:15 a.m. on the date above stated.

(Signature) J. M. Lyle

(Physician or midwife)

Address Lewiston Ida.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

June 7. 1922

F. T. Harris, M.D.
Registrar

Filed Jun 1922

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 4 1944

JUN 5 1943

569-231-038-254

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nezperce

City of Lewiston

No. 15th Ave. St.

Hospital

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

102679

Registration District No.

File No. 102679

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Jennie May Norton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	5 (Month) - 31 (Day) - 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alfred C Norton	FULL MAIDEN NAME	Ella May Kennedy
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Iels -	BIRTHPLACE	Minn
OCCUPATION	Warehouse-man	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

M. D.
(Physician or midwife)

Given names added from a supplemental report.

June 7, 1922

Address Lewiston, Idaho.

F. T. Harris, M.D.
Registrar

Filed June 1922

Registrar

386-126-036-319

[redacted] S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 102680

Primary Registration District No. 2069 Registered No. 75

FULL NAME OF CHILD Keith Lamont Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 - 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde Thomas	FULL MAIDEN NAME	Rhoda Larsen
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Trade Tenn.	BIRTHPLACE	Malad
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Filed June 15 1922

R. H. Maner M.D.
Registrar

[redacted]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

| | | |

RECEIVED
MAY 21 1923
DEPARTMENT OF VITAL

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 19 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Place of Birth — Street: .....

Place of Birth — County: Oneida

File Number: 202680

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: 26 Mar 1922

Father: Mr. Clyde Thomas (Full Name)

Mother: Mrs. Rhoda Thomas (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Keith Lamont Thomas

(Child's Name in Full)

Mr. Clyde Thomas

(Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

243-119-036-169

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Oneida

CERTIFICATE OF BIRTH

City of Malad

Registration District No. 24 File No. 102681

No. _____ St.

Primary Registration District No. 2069 Registered No. 76

Hospital _____

FULL NAME OF CHILD Clifford J. Butler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	4-19-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	D. E. Butler	FULL MAIDEN NAME	Blenda Jones
RESIDENCE	Pauline Ida	RESIDENCE	Pauline Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kansas.	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.
M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad Ida

Filed June 15 1922

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUL 26 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JULY 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: .....

County: Oneida

File Number: 102683

Registration Dist. No.: Twin Falls 2nd

Sex of Child: Male

Date of Birth: April 19 1922.

Father: Clyde E. Butler (Full Name)

Mother: Blanche C. Jones Butler (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Clifford J. Butler
Child's Name in Full

Blanche Butler
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

212-201-036-493

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Holbrook

No. ..... St.

Hospital .....

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102682

Registration District No. 26 File No. .....

Primary Registration District No. 2069 Registered No. 77

FULL NAME OF CHILD Milton Michaelis Sasser

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 1st 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Luther Blaine Sasser	FULL MAIDEN NAME	Helena Martha Michaelis
RESIDENCE	Holbrook Idaho	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	N Carolina	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clew Sandleigh Md

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Snowville Utah

Registrar

Filed June 15 1922

R J Maier MD Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 3 1922 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED JUL 31 1922 BUREAU OF VITAL STATISTICS

Place of Birth: City Holbrook

Street

County Oneida Co Ida.

File Number 102682

Registration Dist. No.

Sex of Child ~~Female~~ Male

Date of Birth May 1th 1922

Father Luther B Sasser
Full Name

Mother Helena M. Michaelis
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Milton Michaelis Sasser
Child's Name in Full

Helena M Sasser
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

312-204-036-451

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

RECEIVED JUN 22 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 102683

Primary Registration District No. 2069 Registered No. 78

FULL NAME OF CHILD Ora [illegible] Cash

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 4 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vertrees Warren Cash	FULL MAIDEN NAME	Marie Meanes
RESIDENCE	Stone Idaho	RESIDENCE	Stone Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Fremonton Utah	BIRTHPLACE	So Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Sandleigh MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Registrar

Filed June 15 1922

B H Maner MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

AUG 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Stone; Street; County [illegible] Co

File Number 102683

Registration Dist. No. .....

Sex of Child Female

Date of Birth May 4 1922

Father Vestrees Warren Cash
Full Name

Mother Marie Means
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Vera Dorthy Cash
Child's Name in Full

Mrs V W Cash
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

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It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
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3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

614-105-036-819

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

Registration District No. 26

Primary Registration District No. 2069

File No. 102684

Registered No. 79

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 5 1922

FATHER		MOTHER	
FULL NAME	Leo Wade	FULL MAIDEN NAME	Dorothy Harris
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed June 15 1922

Registrar

Registrar

RECEIVED
AUG 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 1 [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad Idaho

Street: .....

County: Oneida

File Number: 102684

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: May 5 1922.

Father: Leo Clyde Wade (Full Name)

Mother: Dorothy Alfreda Harr (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Roger Davis Wade
Child's Name in Full

Mr & Mrs Leo Clyde Wade
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

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3. Protection under the law.
4. Military and jury duty.
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6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

799-207-036-165

RECEIVED
JUN 22 192
BURE[illegible]
STA[illegible]

Form V. S. No. 11-G—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 102685

No. ..... St.

Primary Registration District No. 2069

Registered No. 80

Hospital .....

FULL NAME OF CHILD Mary Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 7 1922

FATHER		MOTHER	
FULL NAME	John L Price	FULL MAIDEN NAME	Annella Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed June 15 1922 R M Maner M.D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-208-036-349

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Stone Ida

No. ..... St.

Hospital .....

RECEIVED JUN 22 1922 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 102686

Primary Registration District No. 2069 Registered No. 81

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Robert James Bradshaw	FULL MAIDEN NAME	Amanda Leona Turner
RESIDENCE	Stone Idaho —	RESIDENCE	Stone Idaho —
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Sipes Utah	BIRTHPLACE	Stone Idaho —
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Wardleigh M D

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed June 15 1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-208-036-455

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JUN 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Holbrook

Registration District No. 26 File No. 102687

No. ..... St.

Primary Registration District No. 2069 Registered No. 82

Hospital .....

FULL NAME OF CHILD Hurd.

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Horton Hurd	FULL MAIDEN NAME	Edith Lillian Van Derhoof
RESIDENCE	Holbrook Idaho	RESIDENCE	Holbrook Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kaysville Utah	BIRTHPLACE	North Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5.25 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clee Sardleigh, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed June 05 1922

Registrar

B J Maner M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-108-036-469

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 24 File No. 102688

Primary Registration District No. 2049 Registered No. 83

FULL NAME OF CHILD Gerald Dennis Brantley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 8 1922

FATHER		MOTHER	
FULL NAME	Harry S Brantzeg	FULL MAIDEN NAME	Clara Morgan
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Well Drilling	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:45 P M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton
Physician
(Physician or midwife)
Malad

Given names added from a supplemental report.

..... 19.....

Address .....

Filed June 15 1922 R T Maner M.D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 4 3 19?? 19??

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street:

County: Idaho

File Number: 102688

Registration Dist. No.:

Sex of Child: Male

Date of Birth: May 8 1922

Father: Harry Brantley (Full Name)

Mother: Edna Morgan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gerald Dennis Brantley (Child's Name in Full)

Mrs. Harry Brantley (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
LED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com- d to furnish certified copies of certificates of birth, it is im- nt that the certificates be filed with the BUREAU OF VITAL STATIS- and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

JUN 2 1942

595-112-036-165

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUN 22 192[illegible]
BUREAU OF VITAL STATISTICS

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

File No. 102689

Primary Registration District No. 2069

Registered No. 84

FULL NAME OF CHILD KEITH LeROY NIEFFENEGGER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 12 1922

FATHER		MOTHER	
FULL NAME	Joseph Nieffenegger	FULL MAIDEN NAME	Eleanor Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Malad

..... 19.....

Filed June 15 1922

..... Registrar

R. H. Maver M.D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

H

FEB 2 9 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 102689

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth - May 12, 1922 (Birth or Death) for Keith LeRoy Nieffenegger (Name on Original Certificate) who ~~Born May 13 1922~~ (Was Born or Died) on May 12, 1922 (Date of Event) in Malad City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on June 3 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Kieth LeRoy Nieffenegger

Subscribed and sworn to before me this 14 day of February, 1944

Carl E. Hartranft

Notary Public, residing at Santa Monica, Calif.

My commission expires July 26 1944 (Seal)

NOTARY PUBLIC
In and for the County of Los Angeles, State of California

Signed Mrs Ward L. Mariner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1828 Armacost Ave West Los Angeles Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of February, 1944

Carl E. Hartranft

Notary Public, residing at Santa Monica, Cal.

My commission expires July 26, 1944 (Seal)

Signed Mrs Richard Stephan
(Signature of Any Credible Person Other Than Previous Year)

1548 9th st Santa Monica Calif.
(Street Address, City, State)

NOTARY PUBLIC

MAR 2

619-213-036-419

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 102690

Primary Registration District No. 2069 Registered No. 85

FULL NAME OF CHILD Georgia Louise Warren

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	May (Month) 13 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Perry E. Warren	FULL MAIDEN NAME	Myrtle Marsden
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	white AGE AT LAST BIRTHDAY 39 (Years)	COLOR	white AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Maner

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed June 15 1922 R T Maner M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1956

539-114-036-753

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Stone Ida

No. ..... St.

Hospital .....

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 102691

Primary Registration District No. 2069 Registered No. 86

FULL NAME OF CHILD Jack Eliason

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 14 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leon Eliason	FULL MAIDEN NAME	Kathrinka C. Peterson
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Stone Idaho	BIRTHPLACE	Denmark
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clewarden Hughes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Snowville Utah

Filed June 15 1922

Registrar

B. W. Jones M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

RECEIVED
JUL 20 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUL 13 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Stone
Street
County Oneida Co

File Number 102691

Registration Dist. No. 12

Date of Birth May 14 1922.

Sex of Child Male

Father Leon Eliason
Full Name

Mother Kathrinka E. Peterson Elia
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Jack Eliason
Child's Name in Full

Leon Eliason
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

619-215-036-386

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

County of Oneida

City of Malad

Registration District No. 26

File No. 102692

No. ..... St.

Primary Registration District No. 2064

Registered No. 87

Hospital .....

FULL NAME OF CHILD Helen Lurene Ward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May 15 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer M Ward	FULL MAIDEN NAME	Susan I Thomas
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

..... 19 .....

Filed June 15 1922 [illegible] M.D.

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 28 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 12 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City Malad Idaho

Street .....

County Oneida

File Number 102692

Registration Dist. No. 1

Date of Birth May 15 1922

Sex of Child Female

Father Elmer Mosier Ward (Full Name)

Mother Susan Irene Thomas (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Helen Lorraine Ward
Child's Name in Full

Mrs. Elmer Ward
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

753-116-036-816

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 24

File No. 102693

No. ..... St.

Primary Registration District No. 2069

Registered No. 88

Hospital .....

FULL NAME OF CHILD Ralph Devere Peck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 16 1922

FATHER		MOTHER	
FULL NAME	Ralph F Peck	FULL MAIDEN NAME	Inez T Haws
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

..... 19....

Filed June 5 1922

R T Maver M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 102693

State of Idaho } ss.
County of Ada }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for Ralph Devere Peck (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 15, 1922 (DATE OF EVENT)
in Meridian Ada (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 15, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Peck	Ralph Devere Peck
Ralph Devere Peck, Ralph Devere Peck	Ralph Devere Peck	

Subscribed and sworn to before me this 3rd
day of February, 19 42.

O. E. Hamm
Notary Public, residing at Boise, Ida

My commission expires Apr. 18-1943
(SEAL)

Signed Ralph F. Peck
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 26 1958

816-217-036-799

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ouida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 102694

Primary Registration District No. 2069 Registered No. 89

FULL NAME OF CHILD Rachel Rhea Hawkins

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 5 (Month) 17 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Eph Hawkins	FULL MAIDEN NAME	Rachel Griffiths
RESIDENCE	Daniels Ida	RESIDENCE	Daniels Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Samaria	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Registrar

Filed June 15 1922

R. T. Maner M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED JUL 28 1922

JUL 13 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Filer

Street: .....

County: Cassia

File Number: 102694

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 17 1922

Father: Ephi Hawkins
Full Name

Mother: Rachel Griffiths Hawkins
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Rachel Rhea Hawkins
Child's Name in Full

Ephi Hawkins
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MAR 17 1942

719-123-036-952

PLACE OF BIRTH

Form V. S. No. 11-G—Slm-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

County of Oneida

City of Holbrook

Registration District No. 26

File No. 102695

No. ..... St.

Primary Registration District No. 206d

Registered No. 90

Hospital .....

FULL NAME OF CHILD Ralph Parker Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 23 1922

FATHER		MOTHER	
FULL NAME	Ralph Parker	FULL MAIDEN NAME	Tressa Reser
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alton (Born alive or stillborn) at 1:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

..... 19.....

Filed June 15 1922

R D Maner M.D

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1959

DEC 18 1944

212-226-036-651

131

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 24 File No. 102696

Primary Registration District No. 2069 Registered No. 91

FULL NAME OF CHILD Edna Babbitt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	May 26 22

	FATHER	MOTHER
FULL NAME	George Babbitt	FULL MAIDEN NAME Florence Meachem
RESIDENCE	Malad, Idaho	RESIDENCE Malad, Idaho
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years) 36
BIRTHPLACE	Idaho	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9a M. on the date above stated.

(Signature) R. T. Maver M.D

(Physician or midwife)

Address Malad, Idaho

Filed June 15 1922 R T Maver M D Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, July 2 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: malad city ~~Idaho~~
- Street: Idaho
- County: oneida

File Number: 102696

Registration Dist. No.:

Date of Birth: May 26 1922

Sex of Child: Female

Father: George Henry H. Babbitt
Full Name

Mother: Elizabeth Blassie E. Mecham
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Edna Babbitt
Child's Name in Full

George Henry Babbitt
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

FEB 19 1943

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

697-128-036-551

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ouida

City of Malad

Registration District No. 26 File No. 102697

No. ..... St.

Primary Registration District No. 2069 Registered No. 92

Hospital

FULL NAME OF CHILD Shirley Wight

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	5 (Month) 28 (Day) 1922 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
STEVEN LAVERN WIGHT	Lavern Wight	AMELIA	Alice Evans
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)	COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Salt Lake Utah	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Registrar

Filed June 15 1922

R. H. Maurer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1922-105030

MARGIN RESERVED FOR BINDING

Form V. ... STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ... Registrar's District No. ... E.S. No. ...

City of ... Registrar's District No. ... E.S. No. ...

No. ... St. ...

Hospital ... Primary Registration District No. ... Registered No. ...

FULL NAME OF CHILD ...

Sex of Child	Twin Triplet or other?	Number in order of birth	Legal Date of birth	Date of birth
	(To be answered only in event of multiple births)			19 ... (Year)

	FATHER		MOTHER
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ... Number of children of this mother now living, including present birth ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... (Person, live or stillborn) ... 19 ... at ... M. on the date above stated.

When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Given names added from a supplemental report ... 19 ... Address ...

Filed ... 19 ...

Registrar ... Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, [illegible] 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Malad Idaho
- Street: R.F.D. #1
- County: Oneida

File Number: 102697

Registration Dist. No.: 5

Sex of Child: Male

Date of Birth: May 28 1922

Father: Steven Lavern Wight
Full Name

Mother: Alice Amelia Evans
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Shirley Wight
Child's Name in Full

Mrs. Alice Wight
Signature of Father or Mother

JUN 1 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

JAN 9 1952

165-229-036-$77

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

County of Oneida

City of Malad

Registration District No. 26

File No. 102698

No. ..... St.

Primary Registration District No. 2069

Registered No. 93

Hospital .....

FULL NAME OF CHILD Donna Veda Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 29 1922

FATHER		MOTHER	
FULL NAME	John B Jones	FULL MAIDEN NAME	Veda Eggleston
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Malad	BIRTHPLACE	Wyo.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Malad

..... 19.....

Filed June 15 1922

R. T. Maver M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
AUG 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ...Malad.....

Street ....R. F. D. No. 2.....

County ....Oneida.....

File Number .....102698.....

Registration Dist. No. .....4.....

Sex of Child.....Female.....

Date of Birth ..May 29.....1922..

Father ..John Benjamin Jones.....
Full Name

Mother ..Veda Eggleston.....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....Donna Veda Jones.....
Child's Name in Full

Mr + Mrs John B. Jones.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

847-130-036-799

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Pleasanteview

No. ..... St.

Hospital .....

Registration District No. 26

File No. 102699

Primary Registration District No. 2069

Registered No. 94

FULL NAME OF CHILD Leanord Richardson Hughes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
male				Yes	May 30 22

FATHER		MOTHER	
FULL NAME	Thos. M. Hughes	FULL MAIDEN NAME	Margot Price
RESIDENCE	Pleasanteview	RESIDENCE	Pleasanteview
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3a M. on the date above stated.

(Signature) R. T. Mauer M.D.

(Physician or midwife)

Address Malad, Idaho

Filed June 19 23

R. I. Mercer M D
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 .....

Registrar

MAY 15 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 17 10 32 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Oneida } ss.

Certificate No. 102699

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Hughes (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 30, 1922 (Date of Event)

in Pleasant~~on~~ View, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Leanord Richardson Hughes

Subscribed and sworn to before me this 16 day of May, 1972

Colen H Sweeten Jr.
~~Notary Public~~, residing at
My commission expires
(Seal) Clerk of the district court

Signed Mrs. Eva Hughes Jenkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

368 So. Main
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of May, 1972

Colen H Sweeten Jr.
~~Notary Public~~, residing at
My commission expires
(Seal)

Signed Maurine Hughes
(Signature of Any Credible Person)

370 N 200 W Malad, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 5/12/72 ~~xxx~~ lbc pd rec. # 37312

Leonord R. Hughes son of Thomas M. Hughes and Margarett Price. Born May 30, 1922. Blessing certificate from LDS Church. Was Blessed July 2, 1922. Viewd by V. S.

MAY 26 1972

Honorable Discharge from U.S. Navy gives name as Leanord Richardson Hughes, Fireman First Class. Dated June 17, 1946. Signed by. M. C. Picklesimer, Lt. Comdr., USN. Viewed by V. S.

154-223-036-239

Form V. S. No. 11-C--25m-7-21-1

PLACE OF BIRTH

County of Oneida

City of Holbrook

No. ..... St.

Hospital .....

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 102700

Primary Registration District No. 2069 Registered No. 95

FULL NAME OF CHILD Daryl Anderson

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May (Month) 23 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Martin Albert Anderson	FULL MAIDEN NAME	Mary Scrowther
RESIDENCE	Holbrook Idaho	RESIDENCE	Holbrook Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Downey Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clew Gardleigh MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Snowville Utah

Filed July 4 1922

Registrar

W Maurer MD Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

RECEIVED
AUG 19 1922
BUREAU OF VITAL STATISTICS

JUL 13 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Holbrook

Place of Birth — Street: .....

Place of Birth — County: Oneida

File Number: 102700

Registration Dist. No.: .....

Sex of Child: Female

Date of Birth: May 23 192 7

Father: Martin Albert Anderson (Full Name) Mother: Mary Growther (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Daryl Anderson
Child's Name in Full

Mrs. Martin Anderson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Form V. S. No. 11-C—Rev. 6-5-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

File No. 102701

County of Oneida

City of Malad Registration District No. 26

No. 386-101-036-452 St. Primary Registration District No. 2069 Registered No. 96

Hospital

FULL NAME OF CHILD David Stephen Thomas Jr.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 1 1922

FATHER		MOTHER	
FULL NAME	David Morris Thomas	FULL MAIDEN NAME	Nellie Deschamps
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Elton

Physician (Physician or midwife)

Address Malad

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 6 1922

R. T. Mauer M. D.
Registrar

DEC 13 1983

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECE[illegible] JUL 8 [illegible] BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Malad

No. 319-207-036-753 St.

Hospital

Registration District No. 24 File No. 102702

Primary Registration District No. 2049 Registered No. 97

FULL NAME OF CHILD Hanna Donna Larson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. Oscar Larson	FULL MAIDEN NAME	Sarah L. Peterson
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

..... 19.....

Filed July 6 1922

..... Registrar

[illegible] Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Malad; Street ....; County Oneida

File Number 102702

Registration Dist. No. ....

Sex of Child Female

Date of Birth June 7 192 2

Father Oscar Larson (Full Name)

Mother Sarah Peterson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Hanna Donna Larson (Child's Name in Full)

Mrs. Sarah Larson (Signature of Father or Mother)

FEB 13 1945

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH: RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102703

County of Oneida City of St John Registration District No. 26 File No.

No. 255-107-026-693 St.

Primary Registration District No. 2069 Registered No. 98

Hospital

FULL NAME OF CHILD NACEY KENT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	June 7 19

	FATHER	MOTHER
FULL NAME	Jesse Kent	FULL MAIDEN NAME Flossie Wilson
RESIDENCE	St John	RESIDENCE St. John.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE Utah.
OCCUPATION	Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. T. Maier M. D

(Physician or midwife)

Address Malad, Idaho

Given names added from a supplemental report.

19

Registrar

Filed July 6 1922

O. T. Maier M.D

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Owyhee }

Certificate No. 102703

1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Nacey Kent (BIRTH OR DEATH)

for ____ (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 7 1927 (DATE OF EVENT)

in Marsing (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Kent	Nacey [redacted] Kent

Subscribed and sworn to before me this 12 day of January 1942.

E Ray

Notary Public, residing at Marsing Idaho

My commission expires 1-20-43

(SEAL)

Signed Jesse J Kent

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)

Marsing Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Owyhee }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of January 1942.

E Ray

Notary Public, residing at Marsing Idaho

My commission expires 1-20-43

(SEAL)

Signed Alf Reed

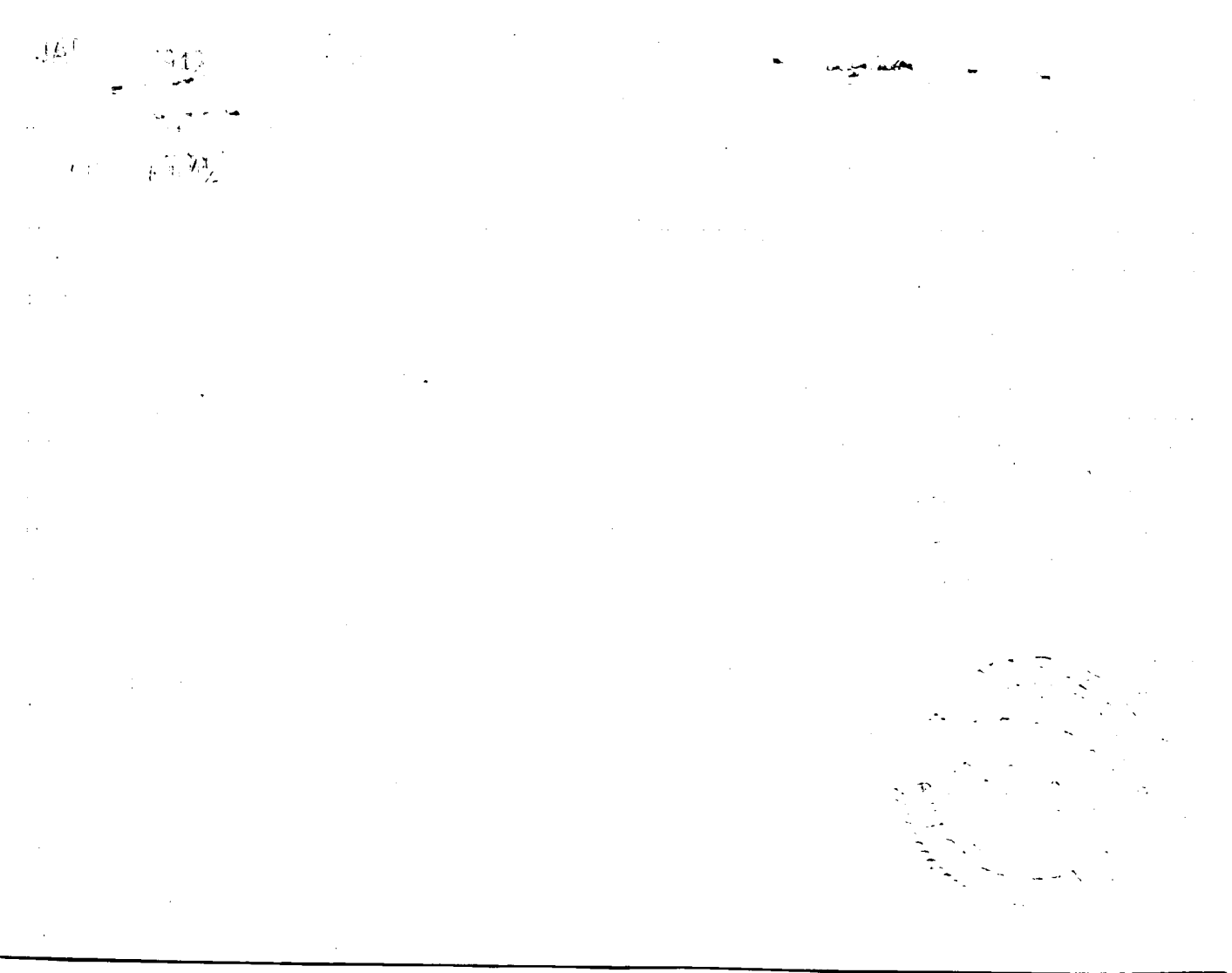
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Marsing Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 1942 By ____

(REGISTRAR'S SIGNATURE)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 1T-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

386-210-036-419 No. ____ St.

Registration District No. 26

File No. 102704

Primary Registration District No. 2069

Registered No. 19

Hospital ____

FULL NAME OF CHILD HELEN MARY THORPE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	June 10 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jos. Thorpe Jr.	Lucy Davis
RESIDENCE	Malad	Malad
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	34
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) R. T. Mauer M.D

(Physician or midwife)

Address Malad, Idaho.

Filed July 6 1922 B. T. Mauer M.D.

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Oneida }

Certificate No. 102704

Date Filed Apr 6 1942

The undersigned does solemnly swear that certain facts on the certificate of _____ (BIRTH OR DEATH)
for _____ (NAME ON ORIGINAL CERTIFICATE) who _____ (WAS BORN OR DIED) on _____ (DATE OF EVENT)
in _____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by _____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Helen Mary Thorpe

Subscribed and sworn to before me this 4th day of April, 19 42

Notary Public, residing at Malad, Idaho

My commission expires Jany 20, 1943

(SEAL)

Signed Joseph Thorpe Jr
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Malad, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 19 42

Notary Public, residing at Malad, Idaho

My commission expires Jany 20, 1943

(SEAL)

Signed Thomas D Evans
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Malad, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

APR 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—[illegible]

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Malad

No. 693-212-036-455 St.

Registration District No. 26 File No. 102706

Primary Registration District No. 2069 Registered No. 101

Hospital

FULL NAME OF CHILD Margaret Eliza Wilson

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 6 (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Guy L Wilson	FULL MAIDEN NAME	Marguerite Dennis
RESIDENCE	Burst	RESIDENCE	Burst
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

19

Filed July 6 1922 R J Maver M.D. Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUL 29 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street: .....

County: Oneida

File Number: 102705

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: June, twelfth 192.2

Father: Guy Leroy Wilson (Full Name)

Mother: Marguerite Dennis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margaret Eliza Wilson
Child's Name in Full

Mrs. Marguerite D. Wilson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

name added 3-22-84 dl

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Oneida

CERTIFICATE OF BIRTH

City of Malad

No. 165-114-036-165 St.

Registration District No. 26

File No. 102707

Primary Registration District No. 2069

Registered No. 102

Hospital

FULL NAME OF CHILD William Ralph Jones, Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 14 22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. Ralph Jones	Pearl Jones
RESIDENCE	Malad Idaho	Malad Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. T. Mauer

M. D.
(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

19

Registrar

Filed July 6 1922

P. T. Mauer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

2-10-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 21 7 57 AM '84

State of _____ } ss.
County of _____ }

Certificate No. 102707
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Jones (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 14, 1922 (Date of Event)

in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	William Ralph Jones, Jr.

Subscribed and sworn to before me this 22 day of Feb 1984

Notary Public, [signature]
Residing at Preston, Idaho
My commission expires 11/24/84
(Seal)

x William R Jones
Signature of Applicant

x Rt 4 Jerome Idaho 83338
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of February 1984

Notary Public, [signature]
Residing at Preston, Idaho
My commission expires 11/24/84
(Seal)

Lorenzo Jones
Supporting Signature

R. 3. Preston, Idaho 83263
Street Address, City, State

lcc pd

MAR 19 1984

Baptism record lists William Ralph Jones, Jr. son born June 14, 1922 was baptised Jan 4, 1931. Viewed by V.S.

Blessing record from LDS Church gives William Ralph Jones, Jr. born June 14, 1922 at Malad was blessed Aug 6, 1922. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—[illegible]-8-17

PLACE OF BIRTH

County of Oneida

City of Malad

No. 236-220-036-964 St.

Hospital

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 24 File No. 102709

Primary Registration District No. 204 Registered No. 104

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	First	Yes	June 20 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo M Scott	FULL MAIDEN NAME	Naomi Roderick
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 845 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

19

Registrar

Filed July 1 1922 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

County of Oneida

City of Malad

No. 236-220-036-964 St.

Hospital

RECEIVED JUL 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 102710

Primary Registration District No. 2064 Registered No. 165

FULL NAME OF CHILD

Sex of Child: Female	Twin Triplet or other? ✓ and Number in order of birth: Second (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: June 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo M. Scott	FULL MAIDEN NAME	Naomi Woderick
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

19

Filed July 6 1922

Registrar

Registrar

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. 249-120-036-993 St.

Registration District No. 24

File No. 102711

Primary Registration District No. 206

Registered No. 106

Hospital

FULL NAME OF CHILD Norman Delos Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ishmael Smith	FULL MAIDEN NAME	Charlotte Richards
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	U S Mail service	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Alton

Physician (Physician or midwife)

Malad

Given names added from a supplemental report.

19

Registrar

Address

Filed July 6 1922

[illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1941

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
JUL 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

102712

County of Oneida

City of Malad

386-226-38

No. 036-386 St.

Registration District No. 4

File No.

Primary Registration District No. 2019

Registered No. 107

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 26 1922

FATHER	MOTHER
FULL NAME Ephraim Thorpe	FULL MAIDEN NAME Janette Thomas
RESIDENCE Malad	RESIDENCE Malad
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Malad	BIRTHPLACE Malad
OCCUPATION Farming	OCCUPATION Housework

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:4 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Fulton

(Physician or midwife) J. Physician

Address Malad

Given names added from a supplemental report.

19

Registrar

Filed July 6 1922

Registrar

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. 666-227-036 813 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 10273

Primary Registration District No. 2069 Registered No. 89

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	June 27 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	D. P. Woodland	Blanche Hatch
RESIDENCE	Malad	Malad
COLOR	white	white
AGE AT LAST BIRTHDAY	40 (Years)	35 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Furniture dealer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) R. T. Mauer

M. D.

(Physician or midwife)

Address Malad Idaho

Filed July 6 1922 R. T. Mauer M. D.

Registrar

MAY 26 1970

name added 9-1-83 dl

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102714

County of Oneida

City of Malad Registration District No. 26 File No.

No. 119-228-056-693 St.

Primary Registration District No. 2069 Registered No. 1089

Hospital

FULL NAME OF CHILD LaRene Jardine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	June 28 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Elmer Jardine.	Jane Williams
RESIDENCE	Cache Valley, Utah	Cache Valley Utah.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Utah	Idaho.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Maver

M. D.
(Physician or midwife)

Address Malad Idaho.

Given names added from a supplemental report.

19

Registrar

Filed July 6 1922

R. T. Maver M. D.
Registrar

7-12-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 31 10 07 AM '83

State of Idaho
County of Oneida } ss.

Certificate No. 102714
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Jardine (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 28, 1922 (Date of Event)

in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	LaRene Jardine

Subscribed and sworn to before me this 18th day of July, 1983

Notary Public, Joyce W. Freidenberger
Residing at Malad Idaho
My commission expires Life
(Seal)

x LaRene Jardine (Clark)
Signature of Applicant

x 611 N 500 W Malad Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of July, 1983

Notary Public, Joyce W. Freidenberger
Residing at Malad Idaho
My commission expires Life
(Seal)

Jayne W Jardine
Supporting Signature

Clarkston Utah
Street Address, City, State

lcc pd

Temple Recommend from LDS Church lists LaRene Jardine born June 28, 1922 in Malad to James Elmer Jardine and Jane Williams.
Date issued March 30, 1941. Viewed by V.S.

SEP 1 1983

Insurance Policy lists Insured as LaRene Clark. Insurance Co Bankers Life and Casualty Company. Dated Feb 5, 1972. Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ashee

City of Homedale

Registration District No. 730 File No. 102715

No. 449-107-037-445 St.

Primary Registration District No. Homedale Registered No.

Hospital Home

FULL NAME OF CHILD Jack Everett Murphy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. H. Murphy	FULL MAIDEN NAME	Alice Dunagan
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Sloan Iowa
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

1% Ag NO3 used

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch

M W (Physician or midwife)

Given names added from a supplemental report.

July 1 1922

Address Wilder Ida

S Hopper Registrar

Filed July 1 1922 S Hopper Registrar

STATE OF [illegible]HO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Homedale, Idaho.

Street: .....

County: .....

File Number: 102715

Registration Dist. No.: .....

Sex of Child: Male

Date of Birth: June Seventh 192[illegible]

Father: Clarence Herbert Murphy (Full Name)

Mother: Marian Alice Dunagan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jack Everette Murphy

Child's Name in Full

Mrs. Clarence H. Murphy.

Signature of Father or Mother

7-8-41

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102716

County of Owyhee

City of Homedale

No. 986-208-037-365 St.

Registration District No. 130 File No.

Primary Registration District No. Homedale Registered No.

Hospital

FULL NAME OF CHILD Emma Verl Rhoe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
FM		yes	June 8 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harris M Rhoe	FULL MAIDEN NAME	Nettie Long
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

MW (Physician or midwife)

Given names added from a supplemental report.

July 1 1922

Address Homedale

S Hopper Registrar

Filed July 1 1922 S Hopper Registrar

JAN 1 1 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 27 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102717

County of Owyhee

City of Grand View

No. 449-124-037-613 St. Registration District No. 74 File No.

Hospital Primary Registration District No. 2151 Registered No. 33

FULL NAME OF CHILD Melvin Herbert Murphy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 24 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Andrew Murphy	FULL MAIDEN NAME	Laura Alice Waldo
RESIDENCE	Grand View	RESIDENCE	Grand View
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

~~I hereby certify that I attended the birth of this child~~, who was born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) delivered by father
Andrew Murphy
~~(Physician or midwife)~~

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address

Filed July 1 1922 W J Ekenbeck
Registrar.

JUL 7 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLAC[redacted]

County of [illegible]

City of Fruitland

No. 763-103-038-762 St.

Hospital

Registration District No.

Subdistrict, Registration District No.

RECEIVED JUL 6 BUREAU OF VITAL STATISTICS STATE OF IDAHO

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102718

Registered No.

Full Name of Child NORMAN Floyd Polley

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male			yes	June 3 1922

FATHER

FULL NAME J. Arthur Polley

RESIDENCE Fruitland Idaho

COLOR white AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Missouri

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Edith Pobst

RESIDENCE Fruitland Idaho

COLOR white AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Reese M.D. (Physician or midwife)

Address Ontario, Oregon

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 12 1922 L. E. Paxton Registrar

[redacted]

SEP 30 1949

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Falk

No. 619-106-038-234 St.

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102719

Registration District No. 5 File No.

Hospital Primary Registration District No. 2009 Registered No. 14

FULL NAME OF CHILD Robert Elbert Faris
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June 6 (Day) 1922 (Year)
M		yes	

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Brady V. Faris	FULL MAIDEN NAME	Ellen Alta Stuart
RESIDENCE	Falk Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ill.	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3-05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bm. Drake M. D.
(Physician or midwife)

Address New Plymouth Ida

Filed 6/6 1922 Wm T. Drysdale
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 102719

County of Payette } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Robert Albert Faris (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 6, 1922 (DATE OF EVENT)

in Falk, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Robert Albert Faris	Robert Elbert Faris

Subscribed and sworn to before me this 13

day of August, 19 42

Emma Hatfield

Notary Public, residing at New Plymouth

My commission expires 1-10-46

(SEAL)

Signed Ellen Alta Faris

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

NOV 17 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102720

County of Payette

City of Near Falk

No. 755-114-038-46th St. Registration No. 5 File No.

Hospital Primary Registration District No. 2009 Registered No. 15

FULL NAME OF CHILD Paul Ernest Peery
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	June 14 1922

What bacteriolidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Harry E Peery	FULL MAIDEN NAME Vera La Baun Mowrey
RESIDENCE Near Falk	RESIDENCE with husband
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Nebr.	BIRTHPLACE Wash
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P— M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M D
(Physician or midwife)

Address Near Plymouth Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 6/15 1922 Wm J. Drysdale
Registrar.

JUN 30 1942

883-126-038-466

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth

No. R F D 2 St.

Registration District No. 5

File No. 102721

Hospital

Primary Registration District No. 2009

Registered No. 17

FULL NAME OF CHILD Glen Loy Hylton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	June 26 1922

What bactericidal solution was used in eyes? Argyrol (10%)

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ebbie N. Hylton	FULL MAIDEN NAME	Katherine Lucretia Moorehouse
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo -	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. M. Drake M. D.
(Physician or midwife)

Address New Plymouth Ida

Filed 6/30 1922 Wm T. Drysdale
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-129-038-614

PLACE OF BIRTH

RECEIVED
JUL 5 1927
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102722

County of Payette

City of New Plymouth

No. ..... St.

Registration District No. 5 File No. .....

Hospital .....

Primary Registration District No. 1009 Registered No. 18

FULL NAME OF CHILD Ralph Raymond Tuttle

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	and		Yes	June 29 1927

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Raymond Leo Tuttle	FULL MAIDEN NAME	Armoral Fauskner
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Penn -	BIRTHPLACE	Wash -
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:17 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Drake. M. D.

(Physician or midwife)

Address New Plymouth Ida

Filed 6/30 1927 Wm I. Drysdale
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

556-226-038-313

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED JUN 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of

No. Sixth Ave So St.

Hospital

Registration District No. 4 File No. 102724

Primary Registration District No. 1008 Registered No. 44

FULL NAME OF CHILD Dorothy Maxine Newton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Mar 26 1922

FATHER		MOTHER	
FULL NAME	J. H. Newton	FULL MAIDEN NAME	Frances Lattig
RESIDENCE	Malheur County, Oregon	RESIDENCE	Malheur County, Oregon
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Texas	BIRTHPLACE	Iowa
OCCUPATION	Farming.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. Born alive 12 45 P M. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Payette Ida

Filed June 2 1922. J. C. Woodward Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

759-230-038-361

RECEIVED
JUN 30 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

Registration District No. 4 File No. 102785

No. St.

Primary Registration District No. 1008 Registered No. 45

Hospital

FULL NAME OF CHILD Charlotte Marie Geiger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	May 30 1922

FATHER	MOTHER
FULL NAME Thomas H Geiger	FULL MAIDEN NAME Bertha May Coates
ESIDENCE ear Payette Idaho	RESIDENCE Near Payette Ida
LOR White AGE AT LAST BIRTHDAY 39 (Years)	COLOR White AGE AT LAST BIRTHDAY 35 (Years)
HPLACE Illinois	BIRTHPLACE Nebraska
PATION Laborer	OCCUPATION Housewife

of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

y certify that I attended the birth of this child, who was Born alive at 10 30 P M.
e above stated. (Born alive or stillborn)

hen there was no attending physician or e then the father, householder, etc., make this return. A stillborn child is at neither breathes nor shows other evi- of life after birth.

(Signature) O. H. Avey

Physician
(Physician or midwife)

names added from a supplemental report.

19

Address Payette Ida

Registrar.

Filed June 21 1922 J. C. Woodward
Registrar.

OF OAHU

RECEIVED
JUL 25 1922
BUREAU OF VITAL STATISTICS

ST IDAHO

DEPARTMENT OF PUBLIC WEL ARE

JUL 13 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: .....

County: Payette

File Number: 102725

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 30th 1922

Father: Thomas Herbert Geiger (Full Name)

Mother: Bertha May Coates (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charlotte Marie Geiger
(Child's Name in Full)

Mrs Thomas Geiger
Signature of Father or Mother

JUN 3 1945

Form V. S. No. 11—20m-7-26-19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

442-215-038-226

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 353 N Fifth St.

Registration District No. 4

File No. 102726

Primary Registration District No. 1008 Registered No. 46

Hospital

FULL NAME OF CHILD Mary Louise Musgrove

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb 15 1922

FATHER		MOTHER	
FULL NAME	H. C. Musgrove	FULL MAIDEN NAME	Maud Dare
RESIDENCE	353 N 7th St. Payette	RESIDENCE	353 N 7th St Payette
COLOR	White	AGE AT LAST BIRTHDAY (Years)	49
BIRTHPLACE	Indiana	COLOR	White
OCCUPATION	Stock Grower	AGE AT LAST BIRTHDAY (Years)	43
		BIRTHPLACE	Iowa
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

(Signature) C. H. Avery

Physician

(Physician or midwife)

Address Payette Ida

Filed June 7 1922 J. C. Woodward

Registrar.

JUL 25 1966

APR 16 1953

MARGIN RESE... ...R BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH [redacted]

318-125-044-1[redacted]

JUN 30 192[redacted]

DEPARTME[redacted] WELFARE

BUR[redacted]ISTICS

CE[redacted]IRTH

102727

County of Washington

City of

Registration District [redacted] File No.

No. St.

Primary Registration District No. [redacted]008 Registered No. 47

Hospital

FULL NAME OF CHILD James Cahill Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 25 1922

FATHER		MOTHER	
FULL NAME	James Cahill	FULL MAIDEN NAME	Aleven Johnstone
RESIDENCE	Six miles North East of Payette	RESIDENCE	Six miles North East of Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

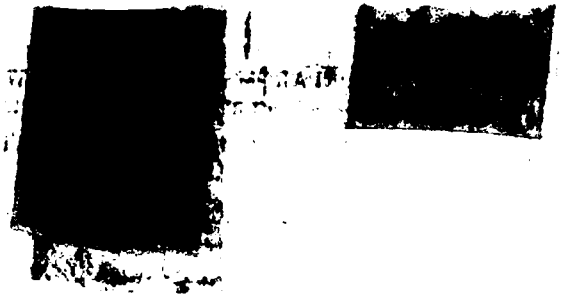
Given names added from a supplemental report.

19

Registrar.

Address Payette Ida

Filed June 7 1922 J. C. Woodward Registrar.



Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

235-205-038-3875 RECEIVED JUL 30 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of

No. St.

Hospital

Registration District No. 4

File No. 102728

Primary Registration District No. 1008

Registered No. 48

FULL NAME OF CHILD Dorothy Esther Bleigenwald

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	Mar	5	1922

FATHER

FULL NAME Frank Bleigenwald

RESIDENCE Three miles N.E. of Payette

COLOR White

AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Iowa

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Mary Cox

RESIDENCE Three miles N.E. of Payette

COLOR White

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.35 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar.

(Signature) O. H. Avery

Physician
(Physician or midwife)

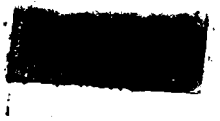
Address Payette Idaho

Filed June 7 1922 J. B. Woodward
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

212-220-038-272 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102729

County of Payette

City of

No. St.

Registration District No. 4 File No.

Primary Registration District No. 1008 Registered No. 49

Hospital

FULL NAME OF CHILD Alma Arlene Baker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	Mar	20	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. K. Baker	Susie Baker
RESIDENCE	Four Miles N.E. of Payette	Four Miles N.E. of Payette
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	25
BIRTHPLACE	Nebraska	Iowa
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Payette Ida

Filed June 7 1922 J. G. Woodward
Registrar.

PERMANENT RECORD
SEPARATE RETURN must be made for each ... in order of birth stated.

MARG
WRITE PLAINLY WITH
N. B.—In case of more than on... and the

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 291-225-038-433 AMENDED

County of Payette 3-8-50

City of Payette

No. 201 S. 6th St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 102730

Primary Registration District No. 1008 Registered No. 50

FULL NAME OF CHILD Emily Josephine Brandes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	May 25, 1922

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Fred Brandes	FULL MAIDEN NAME: Josephine McCash
RESIDENCE: Payette, Idaho	RESIDENCE: Payette, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Idaho
OCCUPATION:	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician
(Physician or midwife)

Address Payette, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed June 7, 1922 J. C. Woodward
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 102730

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... (Birth or Death)
for..... (Name on Original Certificate) who..... (Was Born or Died) on..... (Date of Event)
in..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last Name	Brandis	Brandes

Subscribed and sworn to before me this 8 day of March, 19 37

Notary Public, residing at Boise, Idaho
My commission expires.....
(Seal)

Signed Josephine Brandes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

MAR 9 1954

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

819-107-038-192

RECEIVED
JUN 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 102731

Primary Registration District No. 1008 Registered No. 51

FULL NAME OF CHILD William Hart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 7 1922

FATHER		MOTHER	
FULL NAME	H. E. Hart	FULL MAIDEN NAME	Irene Justin
RESIDENCE	Payette, Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebraska	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Payette Ida.

Filed June 8/1922 19.. J. C. Woodward Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, July 7, 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street:

County: Payette

File Number: 102731

Registration Dist. No.: 4

Sex of Child: Male

Date of Birth: June 7 1922

Father: Homer Edwin Hart (Full Name)

Mother: Irene Rose Justin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William Hart
Child's Name in Full

Mrs. Homer E. Hart
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

689-210-038-219

PLACE OF BIRTH

RECEIVED
JUN 30 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4

File No. 102732

No. ..... St.

Primary Registration District No. 1008

Registered No. 52

Hospital .....

FULL NAME OF CHILD Eleanor Mae White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 10 1922

FATHER		MOTHER	
FULL NAME	Albert E. White	FULL MAIDEN NAME	Bernice Barlow
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Penn.	BIRTHPLACE	Cal.
OCCUPATION	Postmaster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.15 A. M. on the date above stated.

(Signature) J. C. Woodward

(Physician or midwife)

Address Payette Idaho

Filed June 13 1922 J. C. Woodward Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K.

MAY 14 1942

APR 12 1960

449-115-038-238

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 30 1922

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 102733

Primary Registration District No. 1008 Registered No. 53

FULL NAME OF CHILD Ray Leroy Durham

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 15, 1922

FATHER	MOTHER
FULL NAME: Oran E. Durham	FULL MAIDEN NAME: ILA Bernice Schofield
RESIDENCE: Payette, Idaho	RESIDENCE: Payette, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Mich.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

(Signature) J. L. McDonald

(Physician or midwife)

Address Payette Idaho

Filed June 22, 1922. J. C. Woodward Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

DECEASED

RECEIVED
JUL 25 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUL 13 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ....Payette Ida.... Street ..... County ....Payette.....

File Number ....102733....

Registration Dist. No. .....

Sex of Child ....Male....

Date of Birth ....June 15....1922

Father Orah Edward Durham
Full Name

Mother Ila Berenice Durham
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

....Ray Leroy Durham....
Child's Name in Full

....Orah Edward Durham....
Signature of Father or Mother

OCT 26 1949

685-220-038-364

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

RECEIVED
JUN 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 4 File No. 102734

Primary Registration District No. 1008 Registered No. 34

FULL NAME OF CHILD Ethel Marie Wherry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 20 1922

FATHER		MOTHER	
FULL NAME	J. Benj. Wherry	FULL MAIDEN NAME	Linnie Coulter
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ohio	BIRTHPLACE	Minn.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:15 P. M. on the date above stated.

(Signature) J. L. McDonald

(Physician or midwife)

Address Payette Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

Filed June 29 1922. J. B. Woodward
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUL 21 1923
BUREAU OF VI...
STATISTICS

STATE OF ...
DEPARTMENT OF PUBLIC ...

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: Sixth

County: Payette

File Number: 102734

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: June 20th 192...

Father: John Benj. W. Henry (Full Name)

Mother: Linnie Coulter (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ethel Marie W. Henry
Child's Name in Full

Mrs. J. B. W. Henry
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

DEC 17 1963

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
JUN 30 1922
BUREAU OF VITAL STATISTICS

Form ~~V.S.-No.~~ 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette Registration District No. 4 File No. 102735

No. 418-223-638-155 St.

Primary Registration District No. 1008 Registered No. 33

Hospital

FULL NAME OF CHILD SUE FONTELLA DAYLEY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 23 1922

FATHER	MOTHER
FULL NAME: Dewey L. Dayley	FULL MAIDEN NAME: Flora Jensen
RESIDENCE: Payette Idaho	RESIDENCE: Payette Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 23	AGE AT LAST BIRTHDAY (Years): 21
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 A.M. on the date above stated.

(Signature) J. A. McDonald

(Physician or midwife)

Address Payette Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Filed June 28 1922 J. C. Woodward

Registrar

JUL 2 8 1970

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Ada } ss.

Certificate No. 102735
Date Filed 11/26/42

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Sue Fontella Dayley (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 23, 1922 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	none given	Sue Fontella Dayley

Subscribed and sworn to before me this 25 day of April, 19 42

N. B. Day
Notary Public, residing at Boise Ida.

My commission expires 7/14/45
(SEAL)

Signed Vernon L Dayley
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 2 3 1942

759-105-338-396

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 21-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Payette
Payette

CERTIFICATE OF BIRTH

102736

City of

Registration District No. 4

File No.

No. 1030 Center Ave St.

Primary Registration District No. 1008

Registered No. 56

Hospital Blanchard Mat

FULL NAME OF CHILD Thomas Franklin Pence

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	May 5, 1922 (Month) (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: Walter Pence	FULL MAIDEN NAME: Adda Cram
RESIDENCE: Payette, Idaho	RESIDENCE: Payette, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Bozeman, Montana
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or stillborn) at 2.45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward M.D.

Physician (Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report.

19

Registrar

Filed June 30, 1922 19

J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

Certificate No. [redacted]

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: Center Ave

County: Payette

File Number: 102736

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: May 5 192.2

Father: Walter G. Pence (Full Name)

Mother: Adda W. Crane (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Thomas Franklin Pence

Child's Name in Full

Mrs. Walter G. Pence

Signature of Father or Mother

MAR 5 1951

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

366-230-038-413

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Payette

City of

No. St.

Hospital

Registration District No. 4 File No. 102737

Primary Registration District No. 1008 Registered No. 37.

FULL NAME OF CHILD Zoelle Coffey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 30 1922

FATHER	MOTHER
FULL NAME: Glenn Albert Coffey	FULL MAIDEN NAME: Ruth Mathus
RESIDENCE: Payette County	RESIDENCE: Payette, County
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 19	AGE AT LAST BIRTHDAY (Years): 17
BIRTHPLACE: Idaho	BIRTHPLACE: Illinois
OCCUPATION: Laborer	OCCUPATION: Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5/30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J. C. Woodward M.D.

Physician

(Physician or midwife)

Address Payette, Idaho.

Filed June 30 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1970

635-107-039-689

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102739

County of Power

City of

Registration District No. 25 File No. 102739

No. St.

Primary Registration District No. 2072 Registered No. 401

Hospital

FULL NAME OF CHILD Not Named Joseph C. Olney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	Yes	June 7 1922

FATHER		MOTHER	
FULL NAME	Conrad Olney	FULL MAIDEN NAME	Anna Whittington
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Alka (Oklahoma)
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address American Falls

Filed 6-17 1922 R. K. Noth Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1940

SEP 1 1955

469-210-039-389

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102740

County of Power

City of

Registration District No. 25

File No. 10274

No. St.

Primary Registration District No. 2072

Registered No. 482

Hospital

FULL NAME OF CHILD EDYTHE DAWN MORRIS

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			6	yes	June 10 1922

FATHER	MOTHER
FULL NAME Leo Edward Morris	FULL MAIDEN NAME Dora Christensen
RESIDENCE American Falls	RESIDENCE American Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Ill	BIRTHPLACE Idaho
OCCUPATION R.R. Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Fagan

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address American Falls

Registrar

Filed 6-19 1922 R. F. North

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1944

367-111-039-819

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Power

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of

Registrating District No. 25

File No. 102741

No. St.

Primary Registration District No. 2072

Registered No. 403

Hospital

FULL NAME OF CHILD ~~Not Entered~~ Logan Hubert Keith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		One	Yes	June 11 1922

FATHER

FULL NAME: Hugh Beckett Logan

RESIDENCE: Rockland.

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Kentucky

OCCUPATION: Telephone Manager

MOTHER

FULL MAIDEN NAME: Delphia Harris

RESIDENCE: Rockland

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Utah

OCCUPATION: Stenog

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

(Signature) V. G. Logan

Physician

(Physician or midwife)

Address American Falls

Filed 6-19 1922 R. F. Nolte Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/14/41/ EA

389-114-039-133 name added 9-15-82

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of

No. St.

Hospital

Registration District No. 25

File No. 102742

Primary Registration District No. 2072

Registered No. 404

FULL NAME OF CHILD Merle Jay Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		6	Yes	June 14 1922

FATHER

FULL NAME John Vernon Christensen

RESIDENCE American Falls

COLOR White

AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lillian Emby Allen

RESIDENCE American Falls

COLOR White

AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) V. G. Logan

Physician

(Physician or midwife)

Address American Falls

Filed 6-19 1922 R. L. Nott

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 102742
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Christensen (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 14, 1922 (Date of Event)

in Power County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Merle J. Christensen

Subscribed and sworn to before me this 28th day of June, 1982.

Notary Public, Florence Cartright

Residing at Burley

My commission expires Lifetime

(Seal)

Ileen Ronfeldt
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Military Registration date Feb. 20, 1946 gives name as Merle J Christensen viewed by V. S.

SEP 15 1982

Social Security C-rd # 519-18-7114 gives name as Merle Jay Christensen. dated 9-20=40. viewed by V. S.

813-105--039-766

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102746

County of Power

City of Amer. Falls — Registration District No. 27 — File No. 8

No. ____ St.

Primary Registration District No. 2072 — Registered No. 409

Hospital ~~Bethany~~

FULL NAME OF CHILD William ~~Morton~~ Milton Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	~~Feb.~~ 5 ~~22~~ 19 (Month) (Day) (Year)

FATHER

FULL NAME: Bert A. Hall

RESIDENCE: Amer. Falls

COLOR: White — AGE AT LAST BIRTHDAY: ~~22~~ (Years)

BIRTHPLACE: Colorado

OCCUPATION: Rec. [illegible]

MOTHER

FULL MAIDEN NAME: Edella I. Powers

RESIDENCE: Same

COLOR: White — AGE AT LAST BIRTHDAY: ~~(Years)~~

BIRTHPLACE: Idaho

OCCUPATION: [illegible] wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 9:0 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

(Signature) [illegible]

(Physician or midwife)

Address Amer. Falls. Ida

Filed 6-20 1922 R. T. Nott

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SS4-124-039-412

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

102747

County of Power

City of

No. St.

Hospital

Registration District No. 25 File No.

Primary Registration District No. 2072 Registered No. 410

FULL NAME OF CHILD Otto Frederick Neu

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Feb. 24, 22

FATHER	MOTHER
FULL NAME: Christ Neu	FULL MAIDEN NAME: Ernestine Dasse
RESIDENCE: Amer. Falls, R.F.D.	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Russia	BIRTHPLACE: Same
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) [illegible] M.D.

(Physician or midwife)

Address American Falls

Filed 6-20 1922 R. H. Wells Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OHIO STATE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: American Falls
- Street: .....
- County: Power

File Number: 102747

Registration Dist. No. 17

Date of Birth: Feb. 24 1922

Sex of Child: Male

Father: Christ Neu
Full Name

Mother: Ernestina Dasse
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Otto Frederick Neu
Child's Name in Full

Christ Neu
Signature of Father or Mother

- - - - - - - - - - -

JAN 26 1953

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

719-108-039-453

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

Registration District No. 25

File No. 102748

No. ____ St.

Primary Registration District No. 2072

Registered No. 411

Hospital ____

FULL NAME OF CHILD Richard Thomas Parton

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male		Yes	March 8 22

FATHER		MOTHER	
FULL NAME	John Terry Parton	FULL MAIDEN NAME	Vera Selena Decker
RESIDENCE	Amer. Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	N.C.	BIRTHPLACE	~~Housewife~~
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10½ A.M. on the date above stated.

(Signature) ____

(Physician or midwife)

Address American Falls, Ida

Filed 6-20 1922 R. T. Roth Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

532-220-039-819

PLACE OF BIRTH

RECEIVED JUL 1 1922 IDAHO STATE

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

No. ..... St.

Hospital Bethany

Registration District No. 25

File No. 10249

Primary Registration District No. 2012

Registered No. 412

FULL NAME OF CHILD Helen Elsenpeter

Sex of Child	Twin Triplet or other? — (To be answered only in event of plural births)	and	Number in order of birth —	Legitimate?	Date of Birth
Female				Yes	March 20, 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Chas. Elsenpeter	FULL MAIDEN NAME Jessie Hartley
RESIDENCE Landing, Ida.	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Ida	BIRTHPLACE Ida.
OCCUPATION Farmer	OCCUPATION Farmer

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) [illegible]

(Physician or midwife)

Address American Falls

Filed 6-20 1922

R. F. Noth
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 14 1944

959-119-039-9719

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

No. ..... St.

Hospital Bethany

Registration District No. 25

File No. 102750

Primary Registration District No. 2072

Registered No. 4/8

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	March 19, 22. 19..

FATHER		MOTHER	
FULL NAME	Henry W. Reimann	FULL MAIDEN NAME	Minnialue Parsons
RESIDENCE	Roy, Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Oregon	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Amer. Falls

Filed 6-21 1922 R. J. Nolte

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-208-039-463

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 19?? BUREAU OF [illegible]

CERTIFICATE OF BIRTH

102751

County of Power

City of Amer. Falls

Registration District No. 23

File No.

No. St.

Primary Registration District No. 2372

Registered No. 414

Hospital Bethany

FULL NAME OF CHILD Mary Louise Adams

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 8, 22

FATHER	MOTHER
FULL NAME: Samuel J. Adams	FULL MAIDEN NAME: Edna Dole
RESIDENCE: Amer. Falls	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Minn.	BIRTHPLACE: Mon.
OCCUPATION: Electrician	OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M.
(Born alive or stillborn)
on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address

Filed 6-21 1922 R. T. Nolt
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 20 1971

234-113-039-734

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

Power

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

Registration District No. 25 File No. 102752

No. ..... St.

Primary Registration District No. 2072 Registered No. 415

Hospital .....

FULL NAME OF CHILD Leonard Victor Stuhlberg

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— and —	—	Yes	Apr. 13, 22

FATHER

FULL NAME Christ Stuhlberg

RESIDENCE Amer. Falls. R.F.D.

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Russia

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Elvina Glubrecht

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Russia

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A. M. on the date above stated.

(Signature) C. F. Schultz M.D.

(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

Filed 6-21 1922 R. T. Nott

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-222-039-236

RECEIVED
JUL 1 [illegible]
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

Registration District No. 25

File No. 102753

No. ..... St.

Primary Registration District No. 2072

Registered No. 416

Hospital ~~Bethany~~

FULL NAME OF CHILD Elcena Marie Torrance

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	—	Yes	May 28, 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Kirby E. Torrance	FULL MAIDEN NAME	Beatrice Alone
RESIDENCE	Amer. Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Texas
OCCUPATION	Publisher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3A.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed 6-21 1922 R. F. Noth Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: American Falls, Idaho

Street: .....

County: Power

File Number: 102753

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 22 1922.

Father: Kirby Earl Torrance (Full Name)

Mother: Beatrice Mary Stone (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elena Marie Torrance (Child's Name in Full)

Mrs. Kirby E. Torrance (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

FEB 12 1943

693-202-039-459

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

County of Power

City of American Falls

Registration District No. 25

File No. 102754

No. ..... St.

Primary Registration District No. 2072

Registered No. 417

Hospital .....

FULL NAME OF CHILD Catherine Leone Fitzpatrick

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Fem.			Yes	June 3 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Hubert Francis Fitzpatrick	FULL MAIDEN NAME	Leone Agnes McDermott
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	AGE AT LAST BIRTHDAY	41 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Poland	BIRTHPLACE	Wisconsin
OCCUPATION	Pharmacist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 ... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nolt

(Physician or midwife)

Address American Falls Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 6-21 1922 R. F. Nolt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 8 1942

Form V. S. No. 11-C 20m-5-6-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Power

City of American Falls

No. ..... St.

Hospital .....

914-215

03 RECEIVED

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25

File No. 102755

Primary Registration District No. 2072

Registered No. 418

FULL NAME OF CHILD Hedwig Radke

Sex of Child Fem.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth June 15 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Radke	FULL MAIDEN NAME	Rosina Sandau
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Roumania	BIRTHPLACE	Roumania
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address American Falls

Filed 6-21 1922 R. F. Noth

Registrar

Registrar

OPAD TO SIA

Boise, Idaho, ... 1922 ..... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: American Falls
- Street: " " " " " "
- County: Power

File Number: 102755

Registration Dist. No.: 17

Date of Birth: 15th of June 1922

Sex of Child: Female

Father: Robert Radke
Full Name

Mother: Rosina Sandau
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Hedwig
Child's Name in Full

Robert Radke
Signature of Father or Mother

JUL 24 1922
BUREAU OF VITAL STATISTICS

FEB 7 1942 JUL 14 1943

APR 14 1987

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH 699-220-039-522

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

County of Power

City of American Falls Registration District No. 25 File No. 102758

No. ..... St. Primary Registration District No. 2072 Registered No. 421

Hospital Bethany

FULL NAME OF CHILD Premature baby not named

Sex of Child Fem. | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth June 20 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Lee Melvin Wimmer	FULL MAIDEN NAME Julia Ann Eastabrook
RESIDENCE Rockland Idaho	RESIDENCE Rockland Idaho
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah	BIRTHPLACE Pennsylvania
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Richard F. Nott

Physician

(Physician or midwife)

Address American Falls Idaho

Filed 6-22-1922 R. F. Nott Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

died

362-229-039-666

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 1, 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Power

City of Arbon

Registration District No. 25 File No. 108759

No. ____ St.

Primary Registration District No. 2072 Registered No. 422

Hospital ____

FULL NAME OF CHILD Norah Coburn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		6	Yes	May 29 1922

	FATHER	MOTHER
FULL NAME	Lawrence Coburn	Margaret Woodland
RESIDENCE	Arbon	Arbon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	32
BIRTHPLACE	Weston Idaho	Utah
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive May 29, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Mrs Bruce Pett, Nurse
(Physician or midwife)

Address Arbon Idaho

Filed 6-30 1922 R. E. North
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SS3-229-039-251

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

102760

CERTIFICATE OF BIRTH

County of Power

City of Am. Falls

Registration District No. 25

File No. 102760

No. ..... St.

Primary Registration District No. 2072

Registered No. 399

Hospital .....

FULL NAME OF CHILD Jean Vetsch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	4	yes	May (Month) 29 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	George Theodore Vetsch	FULL MAIDEN NAME	Violet Isabel Beach
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Neb.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11-P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address American Falls

Filed 6 8 1922 R. J. Noth Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CHIEF OF STAFF

RECEIVED
JUL 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: American Falls.

Street: .....

County: Power

File Number: 102760

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 29 192 2

Father: Geo. Theodore Vetsch (Full Name)

Mother: Violet Isabel Beach (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jean Vetsch
Child's Name in Full

Mrs. Geo. T. Vetsch
Signature of Father or Mother

JUL 15 1945

NOV 13 1957

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

363-118-039-345

Form ~~V. S. No.~~ 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

Registration District No. 25 File No. 102761

No. ..... St.

Primary Registration District No. 2072 Registered No. 398

Hospital .....

FULL NAME OF CHILD ~~Not Named~~ EDWARD COLLIER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	Yes	May 18th 1922

FATHER		MOTHER	
FULL NAME	John J Collier	FULL MAIDEN NAME	Noble Ellen Lemon
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	62	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ohio	BIRTHPLACE	Mo
OCCUPATION	Vet. (Veterinarian)	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address American Falls

Filed 8-6 1922 R. F. Noth Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss. Certificate No. 102761

County of BLAINE } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Edward Collier (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on May 18 - 1922 (DATE OF EVENT)

in American Falls - Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Dr Logan - American Falls (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 18 - 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Edward Collier

Subscribed and sworn to before me this 29th day of January, 1943

Albert R Griffith

Notary Public, residing at Ketchum, Idaho

My commission expires January 3 - 1945.

(SEAL)

Signed Mrs James Wilson Halfsister

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Ketchum, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

(STREET ADDRESS, CITY, STATE)

My commission expires

(SEAL)

Received for filing on By

(REGISTRAR'S SIGNATURE)

FEB 1 1943

231-230-039-819

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 23 File No. 102763

No. ..... St.

Primary Registration District No. 2072 Registered No. 396

Hospital .....

FULL NAME OF CHILD Helen Stanger

Sex of Child	Twin Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	12	Yes	April 20 1922

FATHER		MOTHER	
FULL NAME	Mark Elmer Stanger	FULL MAIDEN NAME	Mable Harmison
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 (12.) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or Stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W G Logan

Physician

(Physician or midwife)

Address American Falls

Given names added from a supplemental report.

..... 19....

Registrar

Filed June 8 1922 B. L. Nolta Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-230-039-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Power

City of Amer. Falls

No. ..... St.

Hospital .....

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102764

Registration District No. 25 File No. ~~102764~~

Primary Registration District No. 2072 Registered No. 395

FULL NAME OF CHILD Ellen Stanger

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Triplet		11	Yes	April (Month) 30 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mark Elmer Stanger	FULL MAIDEN NAME	Mable Harmsson
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan

Physician (Physician or midwife)

Address American Falls

Given names added from a supplemental report.

..... 19....

Registrar

Filed 6-8 1922 R. F. Noth Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-227-030-213

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Tendoy

No. ..... St.

Hospital .....

Registration District No. 41

File No. 102766

Primary Registration District No. 2116

Registered No. .....

FULL NAME OF CHILD Betty Jo Pattee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	May 27 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Leander Pattee	FULL MAIDEN NAME	Elizabeth Ball
RESIDENCE	Tendoy	RESIDENCE	Tendoy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hammer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon Idaho

Filed 6-10-1922 Chas E. Bellamy Registrar

Registrar

Dep.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 29 1922
BUREAU OF VITAL
STATISTICS

ST. ...

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Tendoy
Street
County Lemhi

File Number 102756

Registration Dist. No.

Date of Birth May 27 1922

Sex of Child Female

Father Joseph Leander Pattee
Full Name

Mother Elizabeth Ball Pattee
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Betty Jo Pattee
Child's Name in Full

Mrs. J. L. Pattee
Signature of Father or Mother

AUG 24 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

443-213-030-367

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

RECEIVED
JUN 22 1922

City of Salmon,

Registration District No. 41

File No. 102767

No. ..... St.

Primary Registration District No. 2116

Registered No. .....

Hospital .....

FULL NAME OF CHILD Viola Marguerite Mullen

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 5 (Month) 13 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alfred S. Mullen	FULL MAIDEN NAME	Tina Gaynello Tobias
RESIDENCE	Lemhi, Idaho	RESIDENCE	Lemhi, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Stratton, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon, Idaho

Filed June 10 1922 Cho Bellamy Dep

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 8 1942

296-105-030-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Gerton Creek

RECEIVED
JUN 12 1922
BUREAU OF VITAL

Registration District No. 41

File No. 102768

No. 3

Primary Registration District No. 216

Registered No.

Hospital

FULL NAME OF CHILD Vernard Scofield Brown

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 5th 1922

FATHER		MOTHER	
FULL NAME	Frank Brown	FULL MAIDEN NAME	Estella ~~Brown~~ Scofield
RESIDENCE	Gerton Creek	RESIDENCE	Gerton Creek
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Canada	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A.S. Wright M.D

(Physician or midwife)

Address Salmon Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed June 10 1922 Alice E. Bellomy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-130-030-319

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lemhi

City of Gibbonsville

Registration District No. 41

File No. 102769

No. ..... St.

Primary Registration District No. 2116

Registered No. .....

Hospital .....

FULL NAME OF CHILD Guy Jefferson Doolittle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	March 31st 1922

FATHER		MOTHER	
FULL NAME	Geo Earl Doolittle	FULL MAIDEN NAME	Thorne Cartwell
RESIDENCE	Gibbonsville	RESIDENCE	Gibbonsville
COLOR	1/2 Indian	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Montana	BIRTHPLACE	Colo
OCCUPATION	Laborer	OCCUPATION	Swift

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:50 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wright M D

Salmon
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon Idaho

Filed June 10 1922 Chas. C. Bellamy
Registrar

Registrar

...NLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 17 1948

MAY 9 1949

753-231-030-747

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Lemhi

City of Salmon

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

Registration District No. 41

File No. 102770

No. ..... St.

Primary Registration District No. 2116

Registered No. .....

Hospital .....

FULL NAME OF CHILD Emogene Peterson

Sex of Child: Fe

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth May 31 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Brigham Peterson	FULL MAIDEN NAME	Ethel Pugh
RESIDENCE	Leadore	RESIDENCE	Leadore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon Idaho

Registrar

Filed 6-10-1922

Chas E Billamy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASONS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Salmon

Street:

County: Lemhi

File Number: 102770

Registration Dist. No.:

Date of Birth: May 30 192.2

Sex of Child: Female

Father: Brigham Peterson (Full Name)

Mother: Veda Ethel Peugh (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Emogene Peterson (Child's Name in Full)

Ethel Peterson (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Amended 5/3/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 102771
Local Reg. No.
Reg. Dist. No. 49

358-214-031-268

1. PLACE OF BIRTH
a. COUNTY: Lewis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nezperce
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nezperce
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Marjorie
b. (Middle): June
c. (Last): Lehman

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH	(Month)	(Day)	(Year)
F	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____		6	14	22

FATHER OF CHILD

7. FULL NAME
a. (First): David
b. (Middle): Frank
c. (Last): Lehman

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
45 YEARS	Oregon	Laborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Loa
b. (Middle):
c. (Last): Boyd

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
32 YEARS	Nebraska	3		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. H. Bryan, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Kamiah, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 6/23/22

22. REGISTRAR'S SIGNATURE: C. J. Johnson

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS. | TIME: 4:45

DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

RACE OR COLOR OF FATHER	RACE OR COLOR OF MOTHER	Was 1% Silver Nitrate Used to prevent blindness?
W	W	YES_____ NO_____
METHOD OF DELIVERY		

BIRTH INJURY TO INFANT	CONGENITAL MALFORMATIONS OF INFANT
_____ YES IF YES, DESCRIBE	_____ YES IF YES, DESCRIBE
_____ NO	_____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS FEB 22 3 00 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 102771

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Lyman (Female) (Name on Original Certificate) who was born (Was Born or Died) on June 14, 1922 (Date of Event)

in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Lyman	Marjorie June Lehman
Father's name	Frank Lyman	David Frank Lehman

Subscribed and sworn to before me this 16 day of JANUARY, 1973

Notary Public, residing at SPOKANE WA 99208

My commission expires 11-30-76

(Seal) Pearl A. Baker

Signed Barbara E. Lehman Hartill Harshman Sister

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6616 N NEVADA #51

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of January, 1973

Mrs. Delores Kfeldgaard

Notary Public, residing at Spokane

My commission expires Sept 15, 1974

(Seal)

Signed Pearl A. Graham

(Signature of Any Credible Person)

6616 N NEVADA #51 Spo. WA 99208

(Street Address, City, State)

FORM DH 60-155 CL 12/27/72

Cradle Roll Certificate from Bretheren Sunday School, Mezperce, Idaho ~~fixx~~ gives name as Marjorie June Lehman, Born June 14, 1922. Dated Oct. 16, 1922. Viewed by V. S.

MAY 4 1973

Sister's birth certificate onf file in Idaho (92617) gives father's name as David Frank Lehman. Viewed by ~~EV~~S

Affidavit from children of David Frank Lehman and Loa Elvira (Boyd) Lehman---- Dorothy Mildred (Lehman)Chapman, Barbara Ellen (Lehman) Harshamn and Calvin Earl Lehman certify that ~~thx~~ they are blood sisters and borther of Marjorie June Lehman Berger. Dated April 9, 1973. Viewed by V. S. (notarized statement)

396-114-034-168

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Kamiah

Registration District No. 49

File No. 102772

No. ..... St.

Primary Registration District No. 2497

Registered No. .....

Hospital .....

FULL NAME OF CHILD Glen Laverne Lyle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
M				yes	June	14th	1911

FATHER

FULL NAME Glen Lyle

RESIDENCE Kamiah

COLOR W

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Evaline Johnson

RESIDENCE Kamiah

COLOR W

AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Montana

OCCUPATION None

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 M. on the date above stated.

(Signature) O. H. Bryan M.D.

(Physician or midwife)

Address Kamiah, Ida

Filed 6/23 19 12 C. J. Johnson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1975

466-211-025-381

[redacted] No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of ~~Idaho~~ Idaho

City of Woodland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 102773

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ~~Mary~~ Mayme A. Moon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
4		yes	June 11 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Floyd Moon	FULL MAIDEN NAME	Florence Chambers
RESIDENCE	Woodland	RESIDENCE	Woodland Id
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kans.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Bryan M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kansas Id

Filed 6/23 1922 C. J. Johnson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1955

249-219-031-553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102774

County of Lewis

City of Kamiah

Registration District No. 49 File No.

No. St.

Primary Registration District No. 2428 Registered No.

Hospital

FULL NAME OF CHILD Nessa Smith (Nessa Smith)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
1		yes	5 — 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mitchell Smith	FULL MAIDEN NAME	Francis Ellis
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Col.	BIRTHPLACE	Col
OCCUPATION	Farmer	OCCUPATION	Hsw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature 7 mo, at 9 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Bryan Fm. Dr.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Kamiah

Filed 6/1 1922 C. J. Johnson
Registrar

MARGIN RESERVED FOR BINDE

WRITE PLAINLY WITH UNFADING INK—THIS IS A P

N. B.—In case of more than one child at birth a SEPARATE RETU and the number of each, in order of birth

419-211-031-113

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102775

County of Lewis

City of Nezperce, RFD.

No. Route 3 St.

Registration District No. 47

File No.

Hospital

Primary Registration District No.

Registered No. 179

FULL NAME OF CHILD Roberta Margaret Harker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	Yes	June 11 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Lloyd B. Harker	FULL MAIDEN NAME Laura Anna Jacobs
RESIDENCE Nezperce, RFD.	RESIDENCE Nezperce, RFD.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Latah, Wash.	BIRTHPLACE Uniontown Wash.
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Give names added from a supplemental report.

....., 19.....

Albert Hoff
Registrar.

Filed 6-28-1922 Albert Hoff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

869-211-031-365

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102776

County of Lewis

City of Russell

Registration District No. 47 File No.

No. St.

Primary Registration District No. Registered No. 178

Hospital

FULL NAME OF CHILD Winifred M. Horch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	June 11 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	John H. Horch	FULL MAIDEN NAME	Elsie T. Long
RESIDENCE	Russell, Idaho	RESIDENCE	Russell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Family
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Orofino Idaho.

19

Albert Huff
Registrar

Filed 6 18 1922

Albert Huff
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 25 1944

HOECH

Dep of 1922 - 103251

255-101-031-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 2 1922 BUREAU OF VITAL STATISTICS

County of Lewis

City of Nezperce

No. Route 2 St.

Registration District No. 47 File No. 102777

Primary Registration District No. Registered No. 177

Hospital

FULL NAME OF CHILD Ray Stanley Senter

Sex of Child: Male | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 5 (Month) 1 (Day) 1922 (Year)

FATHER

FULL NAME: Bruce Senter

RESIDENCE: Nezperce

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Celia Stack

RESIDENCE: Nezperce

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C Taylor M D

(Physician or midwife)

Address Nezperce Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6 12 1922

Registrar

S-Y-CO 38071

NOV 27 1942

MAY 20 1968

46 R-231-031-297

PLACE OF BIRTH

JUN [illegible] BUREAU [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce Idaho

Registration District No. 47

File No. 102778

No. Village St.

Primary Registration District No.

Registered No. 176

Hospital

FULL NAME OF CHILD BERNITA ~~Bernetta~~ Ellen ~~Doggett~~ DOGGETT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	Yes	5-31 1922

	FATHER	MOTHER
FULL NAME	William ~~Doggett~~ DOGGETT	FULL MAIDEN NAME Bula ~~Biggart~~ BIGGART
RESIDENCE	Nezperce	RESIDENCE Nezperce
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Oregon
OCCUPATION	Laborer	OCCUPATION House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A M. on the date above stated.

(Signature) E Taylor M D

(Physician or midwife)

Address Nezperce

Filed 6-12 1922 C Albert Stuff Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19..

C C Albert Stuff Registrar

S-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lewis }

Certificate No. 102778

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Bernetta Doget (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 31, 1922 (DATE OF EVENT)
in Nezperce, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by memory of parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Bernetta	BernitaEllen Doggett
Surname	Dogget	Doggett
Mother's name	Rigart	Bula Biggart

Subscribed and sworn to before me this 16 day of February, 19 43

Richard M. Mitchell
Notary Public, residing at Nezperce, Idaho

My commission expires May 11, 1944
(SEAL)

Signed Mrs Bula Doggett
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Nezperce Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lewis }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of February, 19 43

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 20 1943

459-115-031-241

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 26 1922
VITAL

CERTIFICATE OF BIRTH 102779

County of Lewis
City of Nezperce Idaho
No. Route 3 St.
Registration District No. 47 File No.
Hospital Primary Registration District No. Registered No. 181

FULL NAME OF CHILD John Martin Meiners
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month, Day, Year)
male			Yes	June 15 1922.

What bactericidal solution was used in eyes? Argno S

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lester C. Meiners	FULL MAIDEN NAME	Ruth Marion Smathers
RESIDENCE	Nezperce, RFD.	RESIDENCE	Nezperce, RFD.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Helix, Oregon.	BIRTHPLACE	Gifford, Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **, at** 9. 15 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Albert Huff
Registrar.

(Signature) P. C. Douglass
(Physician or midwife)

Address Craigmont, Idaho.

Filed 6 22 1922 Albert Huff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
386-216-031-623

RECEIVED
JUN 23 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce, RFD

No. ____ St.

Registration District No. 47 File No. 102780

Hospital ____ Primary Registration District No. ____ Registered No. 180

FULL NAME OF CHILD Eleanor Marie Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	Yes	June 16 2. 192...

What bactericidal solution was used in eyes? Argo3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Ole Thompson	FULL MAIDEN NAME: Vera Osterhaus
RESIDENCE: Nezperce, RFD.	RESIDENCE: Nezperce, RFD.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Tennessee, Idaho.	BIRTHPLACE: Iowa
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **, at** 7.12 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19...
..... Registrar.

(Signature) P E Dunlop M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Filed 6-22 1922 Albert Hurst Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 24 1972

SEP 23 1944

766-212-031-142

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102781

County of Lewis

City of Craigmont, Idaho.

No. ..... St.

Registration District No. 50

File No. .....

Hospital .....

Primary Registration District No. 21

Registered No. 21

FULL NAME OF CHILD June Idna Goodall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—— and —— (To be answered only in event of plural births)	——	Yes	June 12 2

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: James Roy Goodall	FULL MAIDEN NAME: Lela Carmen Adkinson
RESIDENCE: Craigmont.	RESIDENCE: Craigmont
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Arkansas	BIRTHPLACE: Oregon
OCCUPATION: Grain Buyer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), **at** 6A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) P E Dunlap Jr D

(Physician or midwife)

Address Craigmont Idaho.

Filed 6/24 192 2. P E Dunlap
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 11 1958

493-219-031-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce, RFD

No. ____ St.

Registration District No. 50 File No. 102782

Hospital ____ Primary Registration District No. 2129 Registered No. 20

FULL NAME OF CHILD Rowena June Millage
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other — (To be answered only in event of plural births)	and Number in order of birth —	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 19 1922

What bactericidal solution was used in eyes? Argno3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME William Millage	FULL MAIDEN NAME Mary Alice Sandford
RESIDENCE Nezperce, RFD	RESIDENCE Nezperce, RFD.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 65 (Years)	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE New York.	BIRTHPLACE S. Dakota
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Dunlap M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 6/24 192 S. P. E. Dunlap
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-106-031-286

PLACE OF BIRTH

RECEIVED
JUN 30 1922
VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis,
City of Nezperce, RFD.
No. ____ St.
Hospital

Registration District No. 50
Primary Registration District No. 2129 (2129)

File No. 102783
Registered No. 19

FULL NAME OF CHILD Joseph Arnold Baldus
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	--- and ---	---	Yes	June 6 1922

What bactericidal solution was used in eyes? Argno3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Joseph Harmon Baldus	FULL MAIDEN NAME Eleanor Brown
RESIDENCE Nezperce, RFD.	RESIDENCE Nezperce, RFD.
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Nezperce, Idaho, RFD.	BIRTHPLACE Portland, Oregon.
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) P. E. Dunlap M.D.
(Physician or midwife)
Address Craigmont, Idaho

Filed 6/7 1922. P. E. Dunlap
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

493-109-092-264

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

County of Lincoln.
City of Shoshone.
No. ..... St. ..... Registration District No. 16 N. Shoshone. File No. 102784
Hospital ..... Primary Registration District No. 2016 Registered No. 29

FULL NAME OF CHILD Dee Eugene Miller.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6-9-22 1922

What bactericidal solution was used in eyes? 20 % Sol. Argyrol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Rex A. Miller	FULL MAIDEN NAME: Winafered Bodenhoffer.
RESIDENCE: North Shoshone, Ida.	RESIDENCE: North Shoshone, Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Idaho.	BIRTHPLACE: Iowa.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive. (Born alive or stillborn) **, at** 1-50- P.M. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) Herbert C. Evans M.D.

Physician.
(Physician or midwife)

Address Shoshone, Idaho.

Filed June 12 1922 J. L. Green Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-222-032-355

PLACE OF BIRTH

Form V. S. No. 11—20[illegible]-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

County of Lemhi

City of Shoshone

Registration District No. 11 File No. 102785

No. ..... St.

Primary Registration District No. 2016 Registered No. 1

Hospital Dill

FULL NAME OF CHILD Barbara Silvers

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	—	Yes	June (Month) 22 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Floyd Silvers	FULL MAIDEN NAME	Ruth Fern Lee
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Dill MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Registrar.

Filed July 3 1922 J L Fuller Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 18 1942

595-209-032-959

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1922 BUREAU VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16 File No. 102786

No. ..... St.

Primary Registration District No. 1016 Registered No. 31

Hospital .....

FULL NAME OF CHILD Phyllis M. VIEIRA

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	—			Yes	June	9	1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Antonio S. Vieira	FULL MAIDEN NAME	Minnie May Ivie
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Azores	BIRTHPLACE	Idaho
OCCUPATION	Auto Mechanic	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shoshone Ida

Filed June 3 19 J. L. [signature]

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 6 1985

JUL 1 1944

434-116-032-265

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16.

File No. 102787

No. ..... St.

Primary Registration District No. 1016

Registered No. 30

Hospital .....

FULL NAME OF CHILD Borden Thomas McMahon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	June 16 1922

FATHER		MOTHER	
FULL NAME	John Truman McMahon	FULL MAIDEN NAME	Lois Anita Borden
RESIDENCE	Richfield Ida	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed Jan 30 1923 [signature]
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1941

265-118-032-868

PLACE OF BIRTH

RECEIVED
JUN [illegible] 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln.

City of Shoshone,

No. ..... St.

Registration District No. 16

File No. 102788

Hospital Mrs. Joy.

Primary Registration District No. 2016

Registered No. 27

FULL NAME OF CHILD John Boesiger.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	5-18-- 1922.

What bactericidal solution was used in eyes? Argyrol Sol. 20%.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Adolph Boesiger,	FULL MAIDEN NAME	Hermina Hohl.
RESIDENCE	N. Shoshone? IdahoO	RESIDENCE	N. Shoshone, Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Switzerland.	BIRTHPLACE	Switzerland.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive. (Born alive or stillborn), at 4-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C. [illegible]

Physician.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Shoshone, Idaho.

Filed May 19 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 13, 1941. E.W.

894-226-032-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102789

County of Lincoln
City of Shoshone,
No. Bita Hotel, St.
Hospital
Registration District No. 16
Primary Registration District No. 1016
File No.
Registered No. 28

FULL NAME OF CHILD Dominga Yrusta,
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	5-26-22. 192

What bactericidal solution was used in eyes? Sol Argyrol, 20%.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Martin Yrusta,	FULL MAIDEN NAME: Pethra Mandisava,
RESIDENCE: Shoshone, Idaho.	RESIDENCE: Shoshone, Idaho.
COLOR: White	COLOR: White.
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Spain	BIRTHPLACE: Spain
OCCUPATION: Laborer,	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7 A. M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C. Faust M.D.

Physician,
(Physician or midwife)

Address Shoshone, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 26 1922 J. L. Sullen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 631-203-032-386

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-5-17

County of Lincoln

RECEIVED JUN 2 1922

City of Richfield

Registration District No. 17

File No. 102790

No. 5½ mi N-1E St.

Primary Registration District No. 2

Registered No. 58

Hospital

FULL NAME OF CHILD CLARA Flavel

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				April 3 1922

FATHER		MOTHER	
FULL NAME	Elias Jones Flavel	FULL MAIDEN NAME	Rhoda May Thomas
RESIDENCE	Richfield 5½ mi N-1E	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Spanish Forks Utah	BIRTHPLACE	Spanish Forks Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) on the date above stated. at 11 30 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O V Bloom

M.D. (Physician or midwife)

Address Richfield Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed June 9 1922 O V Bloom

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lincoln }

Certificate No. 102790

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Lavon Flavel (Name on Original Certificate) who Born (Was Born or Died) on Apr. 3 1922 (Date of Event) in Richfield Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lavon Flavel	Clara Flavel

Subscribed and sworn to before me this 1 day of July, 1942

George R Schumann
Notary Public, residing at Richfield

My commission expires June 15-1942
(Seal)

Signed Rhoda May Flavel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Richfield Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lincoln }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of July, 1942

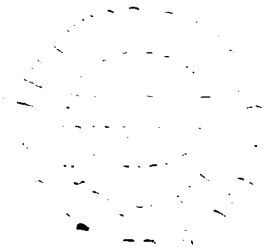
George R Schumann
Notary Public, residing at Richfield Idaho

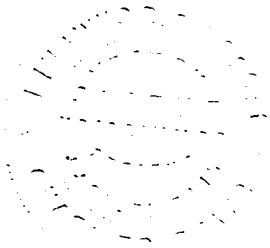
My commission expires June 15-1942
(Seal)

Signed Mrs Marie C Burton
(Signature of Any Credible Person Other Than Previous Year)

Richfield Idaho
(Street Address, City, State)

JUL 2 1942





766-102-032-493

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-5-17

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

Registration District No. 17

File No. 102791

No. 1 mi West St.

Primary Registration District No.

Registered No. 59

Hospital

FULL NAME OF CHILD Richard Melvin Powell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 2 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fredrick W Powell	Rilla V Miller
RESIDENCE	Richfield 1 mi West	Richfield 1 mi West
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	32
BIRTHPLACE	Davis Co Mo	Davis Co Mo
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O V Bloom

M D (Physician or midwife)

Address Richfield Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 6/8 1922 O V Bloom Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1943

364-108-032-452

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

Registration District No. 17

File No. 2102792

No. ..... St.

Primary Registration District No. .....

Registered No. 64

Hospital .....

FULL NAME OF CHILD Edmund Eugene Tomlinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 8 1922

FATHER	MOTHER
FULL NAME Wm M Tomlinson	FULL MAIDEN NAME Celestina West
RESIDENCE Richfield	RESIDENCE Same
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Alexis Ill	BIRTHPLACE Chesterfield Ida
OCCUPATION Manager Lumber Yard	OCCUPATION H W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 430 A M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O V Bloom M D (Physician or midwife)

Address Richfield

Filed June 8 1922

O V Bloom Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1943

SEP 26 1950

2/4/41 L. B.

391-205-032-866

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. 4 mi north; 1 West St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-8-17

CERTIFICATE OF BIRTH

102793

Registration District No. 17

File No. 7

Primary Registration District No. .....

Registered No. 60

Hospital .....

FULL NAME OF CHILD Anna Beatrice Crane

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	May 3 1922

FATHER	MOTHER
FULL NAME Chas Benson Crane	FULL MAIDEN NAME Clara Matilda Hoff
RESIDENCE Richfield 4 mi N - 1 mi West	RESIDENCE Same
COLOR White	AGE AT LAST BIRTHDAY 42 (Years)
COLOR White	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Marion N. Y.	BIRTHPLACE Redwing, Minn
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) on the date above stated. at 9.30 A M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

..... Registrar

(Signature) O R Bloom M D

M. D.

(Physician or midwife)

Address Richfield Ida

Filed .....19 22 O R Bloom

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

286-113-032-141

PLACE OF BIRTH

County of Lincoln

City of Rockfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

JUL 8 1922

Registration District No. 7

File No. 102794

Primary Registration District No. .....

Registered No. 62

FULL NAME OF CHILD ..... William Earl Shockley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 13 1922

FATHER		MOTHER	
FULL NAME	Wm J Shockley	FULL MAIDEN NAME	Nina Cedars
RESIDENCE	Rockfield	RESIDENCE	Rockfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Texas Co Mo
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 8 ..... Number of children of this mother now living, including present birth 4 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O E Bloom M. D.

(Physician or midwife)

Address Rockfield Ida

Filed July 6 1922 O E Bloom M D

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1942

[redacted] OF BIRTH 962-120-040-553

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUN 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 102795

No. ..... St.

Primary Registration District No. ..... Registered No. 23

Hospital Yes

FULL NAME OF CHILD Allen Mansfield Rose.

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Boy	3 (To be answered only in event of plural births)	Yes	Mar 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl H. Rose.	FULL MAIDEN NAME	Hanarah Victoria Nelson
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Sweden	BIRTHPLACE	S. Dakota
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address

Filed 6/14/ 1922 E. E. Hardy.

Registrar.

417-224-040-363

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 102796

No. ..... St.

Primary Registration District No. .....

Registered No. 54

Hospital No

FULL NAME OF CHILD ~~Rosie Maggie~~ ROSE RENA MAGGI

Sex of Child	Twin or Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Yes	1st	Yes	March 24 1922

FATHER		MOTHER	
FULL NAME	Cesare Enos ~~Maggioni~~ MAGGI	FULL MAIDEN NAME	Victoria Collonello
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Smelter man	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Moore

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 6/14/ 1922

E. E. Ford
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of SHOSHONE }

Certificate No. 102796

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death) for ROSE IRIS MAGGI (Name on Original Certificate) who WAS BORN (Was Born or Died) on MARCH 24, 1922 (Date of Event) in KELLOGG, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptism record (Bible Record, Insurance Policy, Etc.) prepared on July 4, 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
NAME	ROSE IRIS MAGGI	ROSE RENA MAGGI

Subscribed and sworn to before me this 27 day of Dec, 1943

Notary Public, residing at

My commission expires
(Seal)

Signed Mrs. Victoria Maggi
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

320 W. Mullan Ave Kellogg, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of Dec, 1943

K. Stanley Spear
Notary Public, residing at

My commission expires Dept. and.
(Seal)

Signed Pete Milionis
(Signature of Any Credible Person Other Than Previous Year)

202 Main Street
(Street Address, City, State)
Kellogg Idaho

DEC 30 1943

JAN 5 1984

OCT 27 1983

417-224-040-363

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED JUN 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 102797

No. ..... St.

Primary Registration District No. .....

Registered No. 25

Hospital No

FULL NAME OF CHILD Susie Lena Maggie

Sex of Child F

Twin Triplet or other? 2 and Number in order of birth 2 (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth March 24 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Cesare Popes Maggie	FULL MAIDEN NAME Victoria Colloneles
RESIDENCE Kellogg	RESIDENCE
COLOR White AGE AT LAST BIRTHDAY 34 (Years)	COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Italy	BIRTHPLACE Italy
OCCUPATION Smelter man	OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10.40 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Registrar.

Filed 6/14/ 1922 E. E. Hardy

Registrar.

693-225-040-462

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Shoshone

City of Kingston

Registration District No. 123 File No. 102798

No. ..... St.

Primary Registration District No. ..... Registered No. 56

Hospital Yes

FULL NAME OF CHILD Hellen Elnor Wuolle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	2	Yes	Mar 25 1922

FATHER		MOTHER	
FULL NAME	Matt Wuolle	FULL MAIDEN NAME	Marie Matilda Moki
RESIDENCE	Kingston	RESIDENCE	Kingston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address

Filed 6/14/ 1922 E E Hardy
Registrar.

c.c. 5/13/41. w.h.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 799-213
040-263

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 23 1922
BUREAU OF VITAL STATISTICS

County of Shoshone
City of Kellogg
No. ..... St. .....
Hospital no
Registration District No. 123
File No. 102799
Registration District No. .....
Registered No. 27

FULL NAME OF CHILD Velma Jane Perry
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Apr. 13 1922

What bacteriocidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	David Thomas Perry	FULL MAIDEN NAME	Lizzie Bottini
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	miner	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) E. E. Hardy M.D.
Physician
(Physician or midwife)
Address Kellogg Idaho

Filed 6/14/1922 E. E. Hardy
Registrar.

[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is d[illegible] v
ance to have the full name included in the record. Kindly fill in the information requested in the b
and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATI

Place of Birth — City .....

Street .....

County Shoshone County, Idaho

File Number 102799

Registration Dist. No: .....

Sex of Child Female

Date of Birth April 13

Father Dave Perry
Full Name

Mother Lizzie ~~Perry~~
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Velma Jane Perry
Child's Name in Full

Dave Perry
Signature of Father or M

- - - - - - - - - - -

lank below

STICS.

gistration is part of every child's birthright.
lishes legally the date of the child's birth, parentage

les the Public Health Nurse to make sure the child has
from danger of blindness and other infections at birth.

- - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

orrect age for purposes of school attendance.
yment.
ction under the law.
ary and jury duty.
to travel unmolested in foreign lands.
to vote.
to receive pensions and inherit property.
shes acceptable evidence of genealogy.
to get married.
at this time while many of the Ex-Service men are com-
h certified copies of certificates of birth, it is im-
certificates be filed with the BUREAU OF VITAL STATIS-
e completed by furnishing the name of the child.

Mother

ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386-118-040-653

PLACE OF BIRTH

RECEIVED
JUN 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 123 File No. 102800

Hospital No

Primary Registration District No. ..... Registered No. 28

FULL NAME OF CHILD Howard Willis Shaster

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 18 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

	FATHER	MOTHER
FULL NAME	John J. Shaster	Grace Estella Yetzel
RESIDENCE	Kingston Idaho	Kingston Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	43
BIRTHPLACE	Kansas	Montana
OCCUPATION	Farmer + Lumber mill worker	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

Physician

(Physician or midwife)

Address Kellogg Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 6/14/1922 E. E. Hardy

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—20m-7-26-19

[redacted] OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg Registration District No. 123 File No. 102801

No. 147-121-040-395 St.

Primary Registration District No. Registered No. 39

Hospital No

FULL NAME OF CHILD John Pearce Angove.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	and	1	Yes	Apr 21 1922

FATHER		MOTHER	
FULL NAME	William Herbert Angove	FULL MAIDEN NAME	Edith Jane Trebilcock
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	England	BIRTHPLACE	England.
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 55 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Mason, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed 6/14/ 1922 E. E. Hardy
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 23 1922 VITAL

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. 851-226-040-843 St.

Registration District No. 123

File No. 102802

Primary Registration District No.

Registered No. 30

Hospital

FULL NAME OF CHILD Charlotte & ~~Harriett~~ Nearing

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	twins		3	Yes	4 (Month) / 26 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robt Nearing	FULL MAIDEN NAME	Jessie Hatchinson
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Neb.
OCCUPATION	Lumber Jack	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

Physician (Physician or midwife)

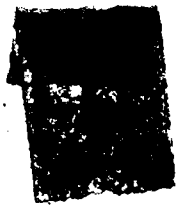
Given names added from a supplemental report.

Address Kellogg Ida

19

Registrar

Filed 6/14/ 1922 E. E. Hard Registrar



SEP 4 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[redacted] WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. 551-226-040-843 St.

Registration District No. 123

File No. 102803

Hospital

Primary Registration District No.

Registered No. 31

FULL NAME OF CHILD Harriett Nearing

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	yes		2	yes	4-26-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? ?

Number of child of this mother, including present birth 3 Number of child of this mother, now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Robt Nearing	FULL MAIDEN NAME	Jessie L Hutchinson
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Canada	BIRTHPLACE	Nebraska
OCCUPATION	Lumber Jack	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay M.D. Per E. E. Hardy Reg.

Physician

(Physician or midwife)

Address Kellogg Idaho

Filed 6/14 1922 E. E. Hardy

Registrar.

Give names added from a supplemental report.

....., 19.....

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Registrar.

[redacted]

JUL 19 1973

SEP 4 1942

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg. Registration District No. 123 File No. 102805

No. 254-228-040-863 St.

Primary Registration District No. Registered No. 33

Hospital No

FULL NAME OF CHILD Betty Sophia Knudson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			1	Yes	Oct 28 1922

FATHER	MOTHER
FULL NAME Wolduard D. Knudson	FULL MAIDEN NAME Victoria Holst
RESIDENCE Kellogg.	RESIDENCE Kellogg.
COLOR White AGE AT LAST BIRTHDAY 36 (Years)	COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Norway	BIRTHPLACE Norway
OCCUPATION Blacksmith	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed 6/14/ 1932 E. E. Hardy
Registrar.

APR 0 9 2014

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

418-202-049-238

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JUL 23 1922

BUREAU OF VITAL STATISTICS

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 102806

No. ..... St.

Primary Registration District No. ..... Registered No. 34

Hospital No

FULL NAME OF CHILD Evelin Dorthy Mayer.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G		2	Yes	May 2 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Francis Mayer	Lingo Dorthy Schorning
RESIDENCE	Kellogg,	Kellogg
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Mich	Wis
OCCUPATION	Store Keeper	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason.

(Physician or midwife)

iven names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed 6/14/ 1922 E. E. Hardy

Registrar.

Form V. S. No. 11---20m-7-26-19

PLACE OF BIRTH

Shoshone

County of Kootenai

City of Kellogg

No. 318-104-040-791 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 123

File No. 102807

Primary Registration District No.

Registered No. 35

Hospital No

FULL NAME OF CHILD Carroll Pratt Taylor

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	and	2	Yes	May 1st 1922

	FATHER	MOTHER
FULL NAME	Aura S. Taylor	FULL MAIDEN NAME Iva Grace Pratt
RESIDENCE	Dudley, Ida	Dudley
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	21 (Years)
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer.	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.30 A M. on the date above stated.

(Signature) J. R. Mason.

(Physician or midwife)

Address

Filed 6/14/ 1922

E. E. Hardy
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102808

County of Shoshone
City of Wardner
No. 469-207-040-299 St. Registration District No. 123 File No.
Hospital Primary Registration District No. Registered No. 36

FULL NAME OF CHILD Eva May Morton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes.	May 7 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Don Morton	FULL MAIDEN NAME	Eva Swara
RESIDENCE	Wardner Idaho	RESIDENCE	Wardner Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Finland
OCCUPATION	Supt. Lookout Mine	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.
Physician
(Physician or midwife)
Address Kellogg Idaho

Give names added from a supplemental report.

....., 19.....

Filed 6/14/1922 E. E. Hardy
Registrar.

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Registrar.

APR 26 1957

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. 195-121-040-551 St.

Registration District No. 123

File No. 102809

Primary Registration District No.

Registered No. 37

Hospital NO

FULL NAME OF CHILD Robert Emmett Arnold

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	and	6	yes	May 21 1922

FATHER	MOTHER
FULL NAME Harry Emmett Arnold	FULL MAIDEN NAME Hattie Maud Nesring
RESIDENCE Kellogg.	RESIDENCE Kellogg
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Alberta, Canada
OCCUPATION St Engineer	OCCUPATION House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed 6/14/ 1922

E. E. Hardy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. 363-122-040-893 St.

[redacted] RE

102810

Hospital No.

Primary Registration District No.

Registered No. 38

FULL NAME OF CHILD John William Cole

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 22 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John William Cole	FULL MAIDEN NAME	Hazel Saling Basti Hiles
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	ore Mill worker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

Physician

(Physician or midwife)

Address Kellogg Idaho

Filed 6/14/1922 E. E. Hardy

Registrar.

Give names added from a supplemental report.

....., 19....

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Registrar.

MAR 17 19[redacted]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102811

County of Shoshone

City of Kellogg

No. 799-230-040-954 St. Registration District No. 123

Hospital no Primary Registration District No. Registered No. 39

FULL NAME OF CHILD Norma Bernice Priest

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 30 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Roy Priest	FULL MAIDEN NAME	Lena Anderson
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	Housemaid

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:07 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

Physician

(Physician or midwife)

Address Kellogg Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 6/14/1922 E. E. Hardy

Registrar.

419-104-040-245

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102812

County of Shoshone
City of Kellogg
No. 1/2 M. East of City St.
Registration District No. 123
File No.
Hospital no
Primary Registration District No.
Registered No. 40

FULL NAME OF CHILD George Hampton Maret.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	6/4/1922

What bactericidal solution was used in eyes? Argarol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Enos Maret	FULL MAIDEN NAME	Mabel Kuntz
RESIDENCE	1/2 M. East of Kellogg	RESIDENCE	1/2 M. East of Kellogg.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	BIRTHPLACE	Oklahoma.
OCCUPATION	Laborer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. MacDougall M.D.
Physician
(Physician or midwife)

Address Kellogg, Idaho.

Filed 6/14/1922 C. E. Hardy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1945

133-206-040-154

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 123 File No. 102813

Hospital no Primary Registration District No. ..... Registered No. 41

FULL NAME OF CHILD Dorothy Jane Allen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 6 192[illegible]

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Andrew C. Allen	FULL MAIDEN NAME	Dorothy Jane Anderson
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Minn.	BIRTHPLACE	Scotland
OCCUPATION	miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sunday, at 9:20 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) E E Hardy
Physician
(Physician or midwife)

Address Kellogg Idaho

Filed 6/14/1922 E E Hardy
Registrar.

AUG 11 1953

MAR 11 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of [redacted]

City of [redacted]

No. 419-106-[redacted] St. Registration District No. 70 File No. 102820

Primary Registration District No. 1011 Registered No. 48

Hospital [redacted]

FULL NAME OF CHILD [redacted] George Arthur Mortimer Jr.

Sex of Child Male | and | Number in order of birth Second (Answered only in event of plural births) | Legitimate yes | Date of Birth April 6 1922 (Month) (Day) (Year) 7:30 P. M.

FATHER	MOTHER
FULL NAME George Arthur Mortimer	FULL MAIDEN NAME Edna Mae Hammond
RESIDENCE 918 Residence St. Wallace	RESIDENCE 918 Residence St. Wallace
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
AGE AT LAST BIRTHDAY 33 (Years)	COLOR White
BIRTHPLACE Aurora Illinois	BIRTHPLACE Anaconda Mont.
OCCUPATION Insurance writer	OCCUPATION Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [redacted] at [redacted] M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. T. Smith
(Physician or midwife)

Given names added from a supplemental report.

[redacted] 19[redacted] Address [redacted]

[redacted] Registrar Filed May 1 1922 [redacted] Registrar

S-Y CO. 24655

10-30-41

MAY 11 1982

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mace

Registration District No. 70

File No. 102821

No. 759-104-040-235 St.

Primary Registration District No. 1041

Registered No. 49

Hospital

FULL NAME OF CHILD Amos Stewart Perry

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One	1	Y	Apr 4 1922

	FATHER	MOTHER
FULL NAME	Amos Perry	FULL MAIDEN NAME Marjorie Stewart
RESIDENCE	Mace	Mace
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Idaho	Mont
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. A. Dethman M.D.
(Physician or midwife)

Address Burke Idaho

Given names added from a supplemental report.

19

Registrar

Filed May 19 22 F. L. Jennings
Registrar

Certified Copy issued Jan. 29, 1941. E.W.

138-111-040-749

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 2 BUREAU

CERTIFICATE OF BIRTH

County of Shoshone
City of Wallace
No. ..... St.
Registration District No. 70 File No. 102822
Hospital Providence Primary Registration District No. 1011 Registered No. 5

FULL NAME OF CHILD Ernest Clayton Achord
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One		One	Yes	Apr 11 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Oscar Ernest Achord	FULL MAIDEN NAME	Mary Matilda Purcell
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Murray Ida
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Mowery
Physicians
(Physician or midwife)

Address Wallace Ida

Filed May 1 1922 F L Fuster
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JUL 13 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED JUL 5 19

Place of Birth — City: Wallace Ida

Street: .....

County: Shoshone

File Number: 102822

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: April 11 1922

Father: Oscar Ernest Achord (Full Name)

Mother: Mary Matilda Purcell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ernest Clayton Achord (Child's Name in Full)

Mary M. Achord (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

369-118-040-634

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of [redacted]

No. [illegible] St.

Registration District No. 70 File No. 102823

Hospital

Primary Registration District No. 70 Registered No. 5

FULL NAME OF CHILD Chas Arthur Torkelson Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One		4	Yes	Apr 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Crayrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Charles Torkelson	FULL MAIDEN NAME	Agnes Hunk
RESIDENCE	Gem, Ida	RESIDENCE	Gem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Norway	BIRTHPLACE	Sweden
OCCUPATION	Millman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Wallace Ida

Filed May 1 1922 F. L. Tuttle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

[illegible]RTH
419-[illegible]0-748
[illegible]phone

RECEIVED
JUN 22 192[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of [illegible]

No. ..... St. Registration District No. 70 File No. 102824

Hospital Providence Primary Registration District No. 1011 Registered No. 52

FULL NAME OF CHILD Paul Francis Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Apr 28 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Earl Martin	FULL MAIDEN NAME	Lillian Guyar
RESIDENCE	Burke Idaho	RESIDENCE	Burke Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	N. D.	BIRTHPLACE	N. D.
OCCUPATION	Druggist	OCCUPATION	Hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Tuttle
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address

Filed May 1 1922 F. L. Tuttle
Registrar.

APR 15 1958

FEB 10 1959

S65-102-040-999

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 0

File No. 102825

No. 112 Cypress St.

Primary Registration District No. 10 11

Registered No. 5

Hospital

FULL NAME OF CHILD Robert Arthur Novello

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 2nd 1922

FATHER		MOTHER	
FULL NAME	Bob Novello	FULL MAIDEN NAME	Lena Pignelli
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Belt Montana
OCCUPATION	Merchant	OCCUPATION	House Wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 2nd 1922 (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Stone M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed May 15 1922 F. L. Tenby

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Wallace, Ida.
Street: 712 Cypress St.
County: Shoshone

File Number: 102825

Registration Dist. No.:

Date of Birth: May 2, 1925

Sex of Child: Male

Father: Bat Novello (Full Name)

Mother: Lena Rizzonelli (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Arthur Novello
Child's Name in Full

Bat Novello
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright

It establishes legally the date of the child's birth, and legitimacy.

It enables the Public Health Nurse to make sure the c been protected from danger of blindness and other infections

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men pelled to furnish certified copies of certificates of birth, i portant that the certificates be filed with the BUREAU OF VITA TICS and the same completed by furnishing the name of the chil

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

369-205-040-691

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Registration District No. 70 File No. 102826

Hospital Providence Primary Registration District No. 104 Registered No. 54

FULL NAME OF CHILD Jane Lenzia Cozzaglio
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	No	1st	Yes	May 5 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolus

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Mike Cozzaglio	FULL MAIDEN NAME	Emma Franchini
RESIDENCE	Superstate	RESIDENCE	Superstate Mine
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida

....., 19.....

Filed May 15 1922 F. L. [illegible]
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-109-040-213

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102827

County of Shoshone

City of Wallace

No. ..... St.

Registration District No. 70 File No. .....

Hospital Providence Primary Registration District No. 1011 Registered No. 55

FULL NAME OF CHILD Harris Jerome Solum
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One		1st	Yes	May 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ammie J Solum	FULL MAIDEN NAME	Doris Baldwin
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wallace Ida	BIRTHPLACE	Wallace Ida
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4:42 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S Mowery
Physicians
(Physician or midwife)

Address Wallace Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 15 1922 F L Finney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 19

9-14-211-040-235

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922 VITAL STATISTICS

County of Shoshone

CERTIFICATE OF BIRTH

City of Mace

Registration District No. 70

File No. 102828

No. ..... St.

Primary Registration District No. 104

Registered No. 56

Hospital .....

FULL NAME OF CHILD Florine June Roath

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	One	1	Y	May 11 1922

FATHER		MOTHER	
FULL NAME	Floyd Roath	FULL MAIDEN NAME	June Stewart
RESIDENCE	Mace	RESIDENCE	Mace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Minn	BIRTHPLACE	Mont
OCCUPATION	Motorman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5 a M.
(Born alive or stillborn)
on the date above stated.

(Signature) Dr. Chas. A. Wellman

(Physician or midwife)

Address Burke Idaho

Filed May 16 1922 F. L. Jenden
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1964

FEB 1 0 1941

494-111-040-418

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Shoshone

City of Mace

No. ..... St.

Hospital .....

RECEIVED JUN 2 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 102829

Primary Registration District No. 1011 Registered No. 57

FULL NAME OF CHILD Robert Drus

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	One			Y	May (Month) 11 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Drus	FULL MAIDEN NAME	Laura Mayer
RESIDENCE	Mace	RESIDENCE	Mace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Minn
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dittman

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burke Ida

Filed May 15 1922 F L Gunther

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-114-040-962

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102830

Registration District No. 70 File No. .....

Primary Registration District No. 104 Registered No. 58

FULL NAME OF CHILD Aldo Monagleo
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One		2nd	Yes	May 14 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Monagleo	FULL MAIDEN NAME	Eva Robena
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:40 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Wallace Id

Filed May 15 1922 F L Fenton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 8/7/72

312-215-040-544

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 102831
Local Reg. No.
Reg. Dist. No. 70

1. PLACE OF BIRTH
a. COUNTY: Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallace
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Wallace

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallace
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Jean
b. (Middle):
c. (Last): Tabor

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) May (Day) 15, (Year) 1922

FATHER OF CHILD

7. FULL NAME
a. (First): George
b. (Middle): William
c. (Last): Tabor

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Wallace, Idaho

10. USUAL OCCUPATION: Clerk

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lydia
b. (Middle):
c. (Last): Edmiston

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Kellogg, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Max T. Smith

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 20

22. REGISTRAR'S SIGNATURE: F. L. Quigley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

Use only BLACK INK or BLACK RECORD typewriter ribbon in completing this certificate. The informant and the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 3 8 09 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Shoshone } ss.

Certificate No. 102831

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Jean Tabor (Name on Original Certificate) who was born (Was Born or Died) on May 15, 1912 (Date of Event)

in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	May 15, 1912	May 15, 1922

Subscribed and sworn to before me this 19th day of July, 1972

[illegible]
Notary Public, residing at Wallace
My commission expires 3-22-1976
(Seal)

Signed Mrs. Lydia Tabor, mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

112 King Wallace, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Shoshone } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of July, 1972

[illegible]
Notary Public, residing at Wallace
My commission expires 3-22-1972
(Seal)

Signed James D. Fowler
(Signature of Any Credible Person)

305 E Market Kellogg, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 5/9/72 nm

Own child's birth certif. on file in Idaho(File # 418083) gives child's name as Diane Quinn born 3-30-46. Father's name given as Fred DeLeon Quinn, Jr. and mother's maiden name as Jean Tabor age given as 23 years. Viewed by V. S.

School census record for Sept. 1st Tuesday to Sept 26, 1931. gives child's name as Jean Tabor born May 15, 1922. Age given as 9 years. Father's name given as Geo. Tabor. Viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

Registration District No. 77

File No. 102832

No. 386-103-041-815 St.

Primary Registration District No. 2176

Registered No. 69

Hospital ~~386~~

FULL NAME OF CHILD ELWIN LLOYD Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	June (Month) 3 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	R E Thomas	FULL MAIDEN NAME	May Hanson
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culberson

Physician (Physician or midwife)

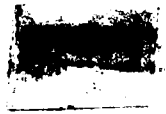
Given names added from a supplemental report.

_____ 19__

Registrar

Address Driggs Idaho

Filed 6/30/ 1922 Martha Marker Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }
County of Grant } ss.

Certificate No. 102832

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for ELWIN LLOYD THOMAS (Name on Original Certificate) who WAS BORN (Was Born or Died) on JUNE 3, 1922 (Date of Event)
in TETONIA IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elwin Lloyd Thomas
		Lloyd Thomas

Subscribed and sworn to before me this 8th day of Sept. 1942
F M Morse
Notary Public, residing at Hall Mont
My commission expires April 29th 1943
(Seal)

Signed Richard E Thomas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana }
County of Grant } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of Sept, 1942
F M Morse
Notary Public, residing at Hall Mont
My commission expires April 29th 1943
(Seal)

Signed E G Allen
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 12 1942

Form V. S. No. 11-C—2m—7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

No. 819-104-041-866 St.

Registration District No. 77

File No. 102833

Primary Registration District No. 2176

Registered No. 68

Hospital

FULL NAME OF CHILD Max Hansh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	June 4 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Byrd Harsh	Minnie M Howard
RESIDENCE	Tetonia	Tetonia
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	23
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P M. on the date above stated.

(Signature) H. H. Culbertson

Physician

(Physician or midwife)

Address Driggs Idaho

Filed 6/30/ 1922

Martha Marker
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

STATE OF IDA[illegible]

[illegible]NT OF PUBLIC W[illegible]

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Tetonia, Ida.

Street .....

County Teton

File Number 102833

Registration Dist. No. .....

Sex of Child Male

Date of Birth June 5, 1922

Father Frank Byrd Harrop
Full Name

Mother Minnie M. Howard
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Max Harrop
Child's Name in Full

Frank Byrd Harrop
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

459-102-041-493

Amended 11-20-63

(Be sure the information is complete and accurate)

State File No. 102834

Local Reg. No. 67

Reg. Dist. No. 77

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Teton

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Teton

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Kay

b. (Middle): M

c. (Last): Meikle

4. SEX: M.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) June (Day) 2, (Year) 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Robert

b. (Middle): Gilbert

c. (Last): Meikle, Jr.

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 19 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Idaho

11a. USUAL OCCUPATION: Ranchman

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Cleo

b. (Middle): Aurelia

c. (Last): Mickelsen

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: H. H. Culbertson

18c. ADDRESS: Driggs, Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 6/30/1922

20. REGISTRAR'S SIGNATURE: Martha Marker

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

ence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there l attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of l Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by r cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED NOV 19 1963 Bureau of Vital Statistics

State of IDAHO }
County of BONNEVILLE } ss.

Certificate No. 102834

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Kay M Mickle (Name on Original Certificate) who was born (Was Born or Died) on June 2, 1922 (Date of Event) in Tetonia, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Mickle	Meikle
Father's Last Name	Mickle	Meikle
Mother's Maiden Name	Mickleson	Mickelsen

Subscribed and sworn to before me this 18th day of NOVEMBER, 1963

Notary Public, residing at IDAHO FALLS, IDAHO

My commission expires Nov. 15, 1968

(Seal)

Signed Leo Mickle

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 9-27-63. nm

Another Child's Birth Cert. on file: (Idaho Birth) #130221 gives full name of parents as Robert Gilbert Meikle, Jr. and Cleo Aurelia Mickelsen - viewed by V.S.

L.D.S. Church Cert. of Record of Membership, baptized Sept. 3, 1910 gives full name Robert Gilbert Meikle, born Sept. 9, 1902 at Leigh, Idaho to Robert Gilbert Meikle and Annie S. Mack - dup copy of orr. - viewed by V.S. made 6-6-1963.

L.D.S. Church Cert. of Record of Membership, baptized Sept. 5, 1909 gives full name as Cleo Aurelia Meikle, born Sept. 5, 1901 at Trout Creek, Idaho to Canute H. Mickelsen and Mary Sorensen - (Meikle is married name) - dup copy of orr. - viewed by V.S. made 6-6-1963.

L.D.S. Church Cert. of Blessing, July 2, 1922 gives full name as Kay M. Meikle, son of Robert G. Meikle, Jr. and Cleo Aurelia Mickelsen, born June 2, 1922 at Cache, Idaho - Teton Co. - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, June 29, 1930 gives full name as Kay Meikle, son of Robert Meikle and Cleo Mickelsen, born June 2, 1922 at Cache, Idaho - viewed by V.S.

854-25-041-493

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lyton

City of Driggs

No. ..... St.

Hospital

Registration District No. 77 File No. 102835

Primary Registration District No. 2176 Registered No. 66

FULL NAME OF CHILD DeNiva Hemming
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	June 25 1922

What bactericidal solution was used in eyes? 10% Argarol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Rulon Hemming	FULL MAIDEN NAME	Francis Mackle
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Ranchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician
(Physician or midwife)

Address Driggs Idaho

Filed 6/30/1922 Martha Marker
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY [illegible]

BE FILED FOR [illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
SEP
BUREAU

Place of Birth — City: Driggs

Street:

County: Teton

File Number: 102835

Registration Dist. No.: 60

Sex of Child: Female

Date of Birth: June 25 192 2

Father: Ruben Hemming
Full Name

Mother: Francis Mikla
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Pe Nina Hemming
Child's Name in Full

Mrs Ruben Hemming
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

357-101-041-655

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

922

VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Iton

City of Victor

Registration District No. 77 File No. 102836

No. ..... St.

Primary Registration District No. 2176 Registered No. 65

Hospital .....

FULL NAME OF CHILD Elwood Charles Leppel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes.	June 1 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. C. Leppel	FULL MAIDEN NAME	Bertha M. Weiks
RESIDENCE	Victor Idaho	RESIDENCE	Victor Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Culbertson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Registrar

Address Driggs Idaho

Filed 6/30 1922 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

JUL 13 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street: .....

County: Yeaton

File Number: 102836

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: June 1 192....

Father: A. C. Seppel (Full Name)

Mother: Bertha Angelen Calde (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elwood Charles Seppel

Child's Name in Full

A. C. Seppel } Bertha Seppel

Signature of Father or Mother

SEP 5

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

643-128-041-859

PLACE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

No. ..... St.

Hospital .....

Registration District No. 77 File No. 102887

Primary Registration District No. 2176 Registered No. 64

FULL NAME OF CHILD Mark Alonzo Fullmer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 28 1922

What bacteriolidal solution was used in eyes? 2% Largyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Alonzo Jensen Fullmer	FULL MAIDEN NAME Leta May Harris
RESIDENCE Tetonia Idy	RESIDENCE Tetonia Idy
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Section Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. Martin

Physician

(Physician or midwife)

Address Driggs, Idy

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 6/30 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF PUBLIC
OF VITAL STATIS
CATE OF BIR

168-126-041-155

PLACE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 102838

Primary Registration District No. 2176 Registered No. 63

FULL NAME OF CHILD Lamont Dwain Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 26 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Willard Arlo Johnson	FULL MAIDEN NAME	Zella Jenkins
RESIDENCE	Victor Ida	RESIDENCE	Victor Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Driggs Ida

Filed 6/30 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

DEPARTMENT OF PUBLIC WELFARE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Victor Idaho

Street:

County: Teton

File Number: 102858

Registration Dist. No.:

Sex of Child: Male

Date of Birth: June 26 1922

Father: William [illegible] Johnson (Full Name)

Mother: Della Jenkins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lamont Dewain Johnson

Child's Name in Full

Mrs. Gillan Johnson

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

236-103-041-442

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102839

County of Teton

City of Drizzo

No. ..... St.

Registration District No. 77 File No. .....

Hospital ..... Primary Registration District No. 2176 Registered No. 62

FULL NAME OF CHILD Wayne Wesley Stone
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 3 1922

What bactericidal solution was used in eyes? 50% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James Wm Stone	FULL MAIDEN NAME	Tom Duke
RESIDENCE	Victor Ida	RESIDENCE	Victor Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	50
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Drizzo Ida

Filed 6/30/1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-129-041-689

PLACE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102840

County of Teton

City of Felt

No. ..... St.

Registration District No. 77 File No. .....

Hospital [redacted] Primary Registration District No. 2176 Registered No. 61

FULL NAME OF CHILD DARRELL GEORGE HENDRICKSON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 29 1922

What bacterieidal solution was used in eyes? 20% Largyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	George H. Hendrickson	FULL MAIDEN NAME Mabel White
RESIDENCE	Felt, Ida	Felt Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. H. Martin
Physician
(Physician or midwife)

Address Grays Ida

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Filed June 30 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

102840

State of Idaho }
County of Teton } ss.

Certificate No. 102840

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Darrell George Hendrickson (Name on Original Certificate) who born (Was Born or Died) on May 29, 1922 (Date of Event)
in Felt (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on June 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Darrell Hendrickson
		Darrell George Hendrickson

Subscribed and sworn to before me this 27
day of June, 1942

Notary Public, residing at Teton, Ida.

My commission expires Jan. 6, 1943
(Seal)

Signed George W. Hendrickson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Felt Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Teton } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of June, 1942

Notary Public residing at Teton Ida.

My commission expires Jan. 6, 1943
(Seal)

Signed Mrs Phoebe Swanner
(Signature of Any Credible Person Other Than Previous Year)

Felt Id
(Street Address, City, State)

JUN 30 1942

JUL 2 1942

553-106-041-365

PLACE OF BIRTH

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Registration District No. 77

File No. 102841

Hospital .....

Primary Registration District No. 2177

Registered No. 60

FULL NAME OF CHILD Gail Rulon Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 6 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Kenneth G. Nelson	FULL MAIDEN NAME	Lethia Cover
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J. Martin
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Driggs, Ida

Filed 6/30/ 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 28 [illegible]
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Chapin
- Street: .....
- County: Teton

File Number: 102841

Registration Dist. No.: 23

Date of Birth: June 6 1922

Sex of Child: Male

Father: Kenneth Grunhalgh Nelson (Full Name)

Mother: Letha Clarinda Cover (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Carl Rulon Nelson
Child's Name in Full

Letha Nelson
Signature of Father or Mother

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton

City of Victor

No. 653-123-041-349 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 102842

Primary Registration District No. 2176 Registered No. 59

FULL NAME OF CHILD Calvin Lewis Weber
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 23 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clifford Lewis Weber	FULL MAIDEN NAME	Fern Kilbian Curtis
RESIDENCE	Victor Ida	RESIDENCE	Victor Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ill.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. Martin
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Driggs Ida

Filed June 30 1922 Martha Marker
Registrar.

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

Registration District No. 77

File No. 102843

No. 415-106-041-235 St.

Primary Registration District No. 2176

Registered No. 58

Hospital

FULL NAME OF CHILD JABUS ROY ~~Roy G~~ Davidson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				yes	April 6 1922

	FATHER	MOTHER
FULL NAME	Roy H Davidson	FULL MAIDEN NAME Nettie L Stevens
RESIDENCE	Driggs	RESIDENCE Driggs
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years) 33
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Chas J Martin

Physician

(Physician or midwife)

Address Driggs, Ida

Filed June 30 19 22

Martha Marker

Registrar

Affidavit returned for notary's seal Z.J.
6/24/42

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Teton }

Certificate No. 102843

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Roy Jabus (Name on Original Certificate) who was born (Was Born or Died) on April 6, 1922 (Date of Event) in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on April 6, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Roy	Jabus Roy Davidson

Subscribed and sworn to before me this 27 day of June, 1942

O. K. Kieserwy
~~Notary Public, residing at~~ Probate Judge

~~My commission expires~~
(Seal)

Signed Mrs. Robert H. Davidson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St. Anthony, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 18 1942

JUN 2 2 1942

JUL 3 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PL[redacted]

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102844

County of Twin Falls,
City of Hansen,
No. 149-209-042-529 St.
Registration District No. 36
File No.
Hospital home
Primary Registration District No.
Registered No. 26

FULL NAME OF CHILD Pauline Isabella Amidan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 9 1922

What bactericidal solution was used in eyes? argyrol 10 %

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	George Alfred Amidan	FULL MAIDEN NAME	Edna R.Ekins
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

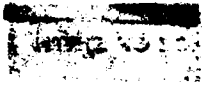
(Signature) J. M. Davis
Physician
(Physician or midwife)
Address Kimberly, Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed June 19, 1922 J. M. Davis Registrar.



PLACE OF BIRTH

RECEIVED JUL [illegible] 22

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

No. 843-215-042-298 St. Registration District No. 36 File No. 102845

Hospital home Primary Registration District No. Registered No. 27

FULL NAME OF CHILD Rozella May Hull
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 15 1922

What bactericidal solution was used in eyes? argyrol 1o%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harold Louis Hull	FULL MAIDEN NAME	Magda L.Brynjulson
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	So. Dak	BIRTHPLACE	So. Dak
OCCUPATION	Baker (Farming Now)	OCCUPATION	HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 6:30 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davies

physician
(Physician or midwife)

Address Kimberly, Idaho.

Filed June 25, 1922 J. M. Davies
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1941

PLACE OF BIRTH [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

County of Jerome

City of Eden

No. 962-220-027-781 St.

Registration District No. 36

File No. 102846

Hospital home

Primary Registration District No.

Registered No. 28

FULL NAME OF CHILD June Roberts
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	June 20, 1922

What bactericidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Herbert E. Roberts	FULL MAIDEN NAME	Evylin Phare
RESIDENCE	Eden, Idaho	RESIDENCE	Eden, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	Minnisota
OCCUPATION	farmer	OCCUPATION	HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Davis

physician
(Physician or midwife)

Address Kimberly, Idaho.

Filed June 30, 1922

J M Davis
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

No. 689-129-042-436 St. Registration District No. 36 File No. 102847

Hospital home Primary Registration District No. Registered No. 29

FULL NAME OF CHILD Noah Ray Whitsel
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	June 29 1922

What bactericidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ira Thomas Whitsel	FULL MAIDEN NAME	Pearl Elizabeth McFarland
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 3 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Davis

Physician
(Physician or midwife)

Address Kimberly, Idaho

Filed June 30, 1922 Dr Davis
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. 352-103-042-857 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 102848

Hospital Primary Registration District No. 2086 Registered No.

FULL NAME OF CHILD Geo. W. Tibbets
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Bey		Yes	June 3 1922

What bactericidal solution was used in eyes? Agno³ 1%.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George W. Tibbets	FULL MAIDEN NAME	Mae Higgintocham
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	Va
OCCUPATION	Farmer	OCCUPATION	Hwfs

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2:30 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed 6/3 1922 aan
Registrar.

DEC 2 9 1971

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. 357-205-042 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102849

Registration District No. 38

File No.

Primary Registration District No. 5086

Registered No.

FULL NAME OF CHILD Lillian Madge Tegan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
		Yes.	6 - 5 - 192 2

What bactericidal solution was used in eyes? Ag No 3 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Rupert Tegan	FULL MAIDEN NAME	Phoebe Elma Barron
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Swift

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 2 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 6/5

Filed 6/5 192 2 Adm

Registrar.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD

- - - - - - - - - - - -

MAY 0 5 2017

NOV 6 1943

name added 11-23-82

PLACE OF BIRTH 267-227-042-365

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1922
BUREAU OF VITAL STATISTICS

County of

City of

No. St.

Hospital

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 102850

Primary Registration District No. 2086 Registered No.

FULL NAME OF CHILD Gertrude Arlene Bogardus
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	6 - 27 - 1922

What bactericidal solution was used in eyes? Ag no 3 %.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	David Bogardus.	FULL MAIDEN NAME	Bessie Covert
RESIDENCE	Fife	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Okla	BIRTHPLACE	Kas
OCCUPATION	Lab	OCCUPATION	H Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Newberry
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed 6/27 192 2. A Newberry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-1-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATIST
NOV 22 10 05 AM '82

State of _____ } ss.
County of _____

Certificate No. 102850
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bogardus (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 27, 1922 (Date of Event)

in Filer (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Gertrude Arlene Bogardus

Subscribed and sworn to before me this 11th day of November, 1982.
Notary Public, Lasonna McDonald
Residing at 2887 D Rd. Gr Jct. CO
My commission expires 7-12-83
(Seal)

X Gertrude A Jordan
Signature of Applicant
433½ Colorow Dr. Grand Jct., Co.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Mesa

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of November, 1982.
Notary Public, Lasonna McDonald
Residing at 2887 D Rd Gr Jct CO
My commission expires 7-12-83
(Seal)

Milton L. Bogardus
Supporting Signature
1004 S. Kettredge Way Aurora Colorado 80017
Street Address, City, State
(Brother)

1 cc pd

NOV 23 1982

Birth Certificate from Rocky Mountain Ostopathic Hospital in Denver Colorado gives LaDonna Faye Gordon born 8-4-54 to father Enos Louis Gordon and mother Gertrude Arlene Bogardus. Viewed by V.S.

Certificate of Marriage license No 11292 gives Enos Gordon and Gertrude Bogardus were married 2-19-43 in Grand Junction Colorado . Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. 693-107-042-455 St.

Registration District No. 38

File No. 102851

Hospital

Primary Registration District No. 208 C

Registered No.

FULL NAME OF CHILD Hugh Henry Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	6 27 1922

What bactericidal solution was used in eyes? Ag No 3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Grover Williams	FULL MAIDEN NAME	Ona Mitchell
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Wyo
OCCUPATION	Lab	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Neewberry
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed 6-27 1922 Adm
Registrar.

Hugh Henry Williams

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 16 10 32 AM '76

State of ..... } ss.
County of ..... }

Certificate No. 102851

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Williams (Male) (Name on Original Certificate) who was born (Was Born or Died) on June 27, 1922 (Date of Event) in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Aunt - Dorothy McNeal & Mother Ona Williams (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Hugh Henry Williams

Subscribed and sworn to before me this 27th day of May, 1976.

M. T. Dietrich
Notary Public, residing at Twin Falls, Idaho
My commission expires June 24, 1978
(Seal)

Signed Dorothy McNeal (Aunt)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

130 Sidney St Twin Falls, Idaho 83301
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of May, 1976.

M. T. Dietrich
Notary Public, residing at Twin Falls, Idaho
My commission expires June 24, 1978
(Seal)

Signed Ona Williams (mother)
(Signature of Any Credible Person)

269 S Washington, Twin Falls, Idaho 83301
(Street Address, City, State)

FORM DH 60-155

CL 5/19/76 nm

Honorable Discharge from the US. Navy gives name as Hugh Henry Williams dated April 6, 1946. born June 27, 1922 at Filer, Idaho. viewex by V. S.

Affidavit of Registration No 11442 gives name as Hugh Williams. dated Oct 5, 1960. viewed by V. S.

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38 File No. 102852

No. 818-217-042-789 St.

Primary Registration District No. 2086 Registered No.

Hospital

FULL NAME OF CHILD Mary Frances Hayes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) June (Day) 17 (Year) 1922
Girl		Yes	

FATHER		MOTHER	
FULL NAME	Frank Harmon Hayes	FULL MAIDEN NAME	Fay Fern Philby
RESIDENCE	Filer, Idaho	RESIDENCE	Filer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Simsbury, Conn	BIRTHPLACE	Oak, Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9:10 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed 6-17 1922 A A Newberry
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 3 1970

291-207-042-245

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102853

County of Twin Falls
City of Berger
No. Rural St.
Hospital at home
Registration District No. 24
Primary Registration District No. 2085
File No.
Registered No.

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— and —	—	Yes.	June 7 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6th
Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	W. M. Brady	FULL MAIDEN NAME	Elizabeth Bunker
RESIDENCE	Berger Ida (Rural)	RESIDENCE	Berger Ida (Rural
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer.	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:40 a. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Evans. M.D.
(Physician or midwife)

Address Twin Falls Ida.

Filed 6 20 1922 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-210-042-393

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 37 File No. 102855

No. R.F.D. St.

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Nadine Venora Hardesty

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	June 10 1922

FATHER	MOTHER
FULL NAME Walter Hardesty	FULL MAIDEN NAME Vera Ticknor
RESIDENCE Filer, R.F.D	RESIDENCE Filer.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Kans.
OCCUPATION Laborer	OCCUPATION Housewife
Number of child of this mother, including present birth 2	Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6-30 A M. on the date above stated.
(Born alive or stillborn)

(Signature) John S. Coughlin
Phy.
(Physician or midwife)

Address Twin Falls,

Filed June 10 1922

John S. Coughlin
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Filer

Street:

County: Twin Falls

File Number: 10255

Registration Dist. No.:

Sex of Child: Female

Date of Birth: June 10 1922

Father: Walter W. Hardesty (Full Name)

Mother: Vera Hazel Dickson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Sadie Senora Hardesty
Child's Name in Full

Mrs. Vera Hardesty
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-121-042-962 Name added 12-4-86 lh

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102858

County of Twin Falls.

City of Twin Falls

No. South Park St. Registration District No. 34 File No.

Hospital — Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Wayne W Bailey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes.	May 21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argerol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	S.W. Bailey	FULL MAIDEN NAME	Maril Robinson
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah.	BIRTHPLACE	Utah
OCCUPATION	General labor.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C A Emer.

Phy.
(Physician or midwife)

Address Twin Falls Ida

Filed June 15 1922 John F Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-27-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE

RECEIVED
NOV 26 1986
Bureau of Vital Statistics Standards and Local Health Services

State of _____ } ss.
County of _____ }

Certificate No. 102858
Date Filed _____

The undersigned does solemnly swear that certified copy of the certificate of birth
for unnamed male (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 21, 1922 (Date of Event)
in Twin Falls, Twin Falls Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	Wayne W Bailey
~~Year of birth~~	~~1922~~	~~1921~~

Subscribed and sworn to before me this 25 day of November, 19 86
Notary Public, Carol Lynch
Residing at Twin Falls Idaho
My commission expires 3-17-92
(Seal)

x Gloria P. Bishop
Signature of Applicant
x Rt 2, Box 5790 Twin Falls, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary XXX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc pd

DEC 4 19

U.S. Army Discharge papers gives name as Wayne W Bailey born in Twin Falls, ID
Date of entry into service July 30, 1942 - discharged Jan. 11, 1946.
Viewed by V.S.

Certificate of Baptism from LDS Church gives name as Wayne W. Bailey son of William Shirley Bailey and Macil Robinson born at Twin Falls, ID. Baptized Dec. 6, 1930.
Viewed by V.S.

249-118-042-749

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]-8-17

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Rural St.

Hospital at Res.

Registration District No. 37

Primary Registration District No. 1085

File No. 102859

Registered No.

FULL NAME OF CHILD James Wendell Burrowes

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	—	Yes.	May (Month) 18 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. W. Burrowes	FULL MAIDEN NAME	M. Aldende Quinn
RESIDENCE	Twin Falls (Rural)	RESIDENCE	Twin Falls (Rural)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. Weimer

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Ida.

Registrar

Filed 6 18 1922 John F. Coughlin Registrar

168-228-042-613

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Rural

No. ——— St.

Registration District No. 34 File No. 102860

Hospital ——— Primary Registration District No. 1085 Registered No. ———

FULL NAME OF CHILD Lora Mae Johnson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	———	———	yes.	Feb. 25 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	E. R. Johnson	FULL MAIDEN NAME	Mabel Walcott
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Missouri	BIRTHPLACE	Michigan.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Emry.

Physician

(Physician or midwife)

Address ———

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 6-15 1922 John F Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942

MAR 21 1973

Amended 7/6/72 293-204 042-369

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls, Ida Registration District No. 34 File No. 102861

No. ..... St. ..... Primary Registration District No. 1085 Registered No. .....

Hospital County Hosp.

FULL NAME OF CHILD Marguerite Ruth Billington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	June	4	1922

FATHER		MOTHER	
FULL NAME	Earl Billington	FULL MAIDEN NAME	Myrtle Cornmesser
RESIDENCE	Kimberly Ida	RESIDENCE	Kimberly Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kirksville Mo	BIRTHPLACE	Greenville Mo
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

(Signature) John F Coughlin
Phy
(Physician ~~or midwife~~)

Address Twin Falls Ida

Filed Jun 16 1922 John F Coughlin Registrar

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1944

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. JUN 26 9 19 AM '72 Certificate No. 102861

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Margaret Ruth Billington (Name on Original Certificate) who was born (Was Born or Died) on June 4, 1922 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Margaret Ruth Billington	Marguerite Ruth Billington

Subscribed and sworn to before me this 21 day of June, 1972

Notary Public, residing at Midvale Utah

My commission expires Dec 16 - 1975

(Seal)

Signed X Gertrude B McKellar

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2702 E 1400 No Bountiful, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Salt Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of June, 1972

Notary Public, residing at Midvale Utah

My commission expires Dec 16 - 1975

(Seal)

Signed Ferne Hammond

(Signature of Any Credible Person)

3914 Brooklane Dr

(Street Address, City, State)

Salt Lake City, Utah

FORM DH 60-155

CL 5/23/72 nm

Certif. of Baptism and Confirmation from LDS Church gives name as Marguerite Ruth

Billington Kirk daughter of Earl Billington and Myrtle Crommesser. Born June 4, 1922
Was Baptized Nov. 1st, L941. and Confmd. Nov. 2, 1941. Viewed by V. S.
JUL 6 1972

Marriage License for Dean Roy Kirk and Marguerite Ruth Billington. Dated Feb. 1, 1941
1941. Recorded on Page 89 of Marriage Record No. "D". Viewed By V. S.

286-110-042-595

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Ida. Registration District No. 34 File No. 102862

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital County

FULL NAME OF CHILD Glenn Marvin Showers Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 10 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Glenn M. Showers	Velma A. Deming
RESIDENCE	Filer, Ida	Filer Ida
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Hillsdale Mich.	Moler, Ida
OCCUPATION	Farmer.	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 5 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A. Dwight M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 6 20 1922 John H. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-4-1941. D.P.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

City of Twin Falls Ida

Registration District No. 34

File No. 102863

381-211-042-266 No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital County

FULL NAME OF CHILD Virginia Ann Chase

Sex of Child Female

Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes.

Date of Birth June 11 (Month) (Day) 1922 (Year)

FATHER

FULL NAME William Roy Chase

RESIDENCE Twin Falls Ida.

COLOR W.

AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Ella G. Brown

RESIDENCE Twin Falls Ida.

COLOR W.

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Iowa. Thornton

OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.50 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A Newberry

(Physician or ~~midwife~~)

Address .....

Given names added from a supplemental report.

..... 19....

Registrar

Filed 6 20 1922 John H Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1972

JAN 19 1944

OF 1922-27746/

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls Ida

No. 253-105-042-253 St.

Registration District No. 37 File No. 102864

Hospital County Hosp

Primary Registration District No. 1080 Registered No.

FULL NAME OF CHILD Gormon Albert Bell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes.	June (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Gormon C. Bell	FULL MAIDEN NAME	Vina Bell.
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Java S. Dak.
OCCUPATION	Truck driver	OCCUPATION	House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 10:30 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander
Phy.
(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Twin Falls Ida

Filed 6 . 20 1922 John F Coughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 575-212
Amended 3-16-56 042-231

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Twin Falls
No. ..... St.
Hospital County

Registration District No. 34 File No. 102865
Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD MILDRED MARY EGERSDORF
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 12 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Mr. James Egersdorf	FULL MAIDEN NAME	Mary Strasripka
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Bohemia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson
Physician (Physician or midwife)
Address .....

Give names added from a supplemental report.

....., 192.....
..... Registrar.

Filed 6 20 1922 John F. Coughter Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Lincoln } ss.

Certificate No. 102865

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Egersdorf (Name on Original Certificate) who was born (Was Born or Died) on June 12, 1922 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Record Public School Record (Bible Record, Insurance Policy, Etc.) prepared on MAY 27th, 1937 (Give Date), are:
Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's first name	missing	Mildred

Subscribed and sworn to before me this 10th day of March, 1956

Notary Public, residing at Shoshone, Idaho
My commission expires Dec 31, 1959
(Seal)

Signed Marie Egersdorf
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Gooding, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Lincoln } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March, 1956

Notary Public, residing at Shoshone, Idaho
My commission expires Dec 31, 1956
(Seal)

Signed James Egersdorf
(Signature of Any Credible Person)
Gooding Idaho
(Street Address, City, State)

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 432-106-042-432 St.

Registration District No. 34 File No. 102866

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Raymond Earl McKinster

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes.	June 6 (Month) (Day) 1922 (Year)

	FATHER	MOTHER
FULL NAME	Lowell Ray McKinster	FULL MAIDEN NAME Vera R. McCusker
RESIDENCE	Twin Falls Ida.	RESIDENCE Twin Falls Ida.
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	24. (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE Colorado.
OCCUPATION	Auto Salesman.	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Duncan L. Alexander M.D.

(Physician or midwife)

Address

Filed 6 20 1922 John F. Coughlin Registrar

119-208-042-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Twin Falls — Registration District No. 34 — File No. 102867

No. 1150 addison ave St.

Primary Registration District No. 1085 — Registered No.

Hospital

FULL NAME OF CHILD June Jain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 8 1922

FATHER		MOTHER	
FULL NAME	Lloyd L. Jain	FULL MAIDEN NAME	Susie J. Briggs
RESIDENCE	Murtaugh, Idaho	RESIDENCE	Murtaugh, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Colorado	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-15 am M. on the date above stated.

(Signature) H W Wilson
Physician
(Physician or midwife)

Address Twin Falls Idaho

Filed 6-26 1922 — John F Coughlin Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

123

c.c. 5/27/41. w.h.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 851-227-042-869 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102868

Registration District No. State File No.

Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Patsy Ruth Heath

(Certificate of no value without full name of child)

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of birth June 27 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Thomas Heath	FULL MAIDEN NAME	Luetta Horner
RESIDENCE	Worland, Wyoming	RESIDENCE	Worland, Wyoming
COLOR	Wh	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Staffordshire, England	BIRTHPLACE	Port Huron, Michigan
OCCUPATION	Supt. Beet Sugar Factory	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 8:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) Duncan L. Hetander

(Physician or midwife)

Address Twin Falls, Idaho

Filed June 28 192 John F. Loughlin

Registrar.

SEP 10 1942

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Ida

No. 386-221-042-316 St.

Registration District No. 34 File No. 102869

Primary Registration District No. 1085 Registered No.

Hospital County General

FULL NAME OF CHILD Frances Eileen Thompson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	yes.	June 21 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George B. Thompson.	FULL MAIDEN NAME	Blanche E. Lamb
RESIDENCE	Rogerson Idaho.	RESIDENCE	Rogerson Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32. (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Belvedere Nebraska	BIRTHPLACE	Independence Kansas.
OCCUPATION	Pharmacy	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Caesarian Section) at 7 35 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Alexander
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Ida

Filed 6 24 1922 John T. Coughlin
Registrar

Registrar

Argyrol 10% eyes —

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102870

County of Twin Falls

City of

No. 455-127-082-367 St. Registration District No. 37 File No.

Hospital Primary Registration District No. 1083 Registered No.

FULL NAME OF CHILD Frederick Albert Meech

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	6-27-22

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Fred W Meech	Bessie Grover COGESHALL
RESIDENCE	Twin Falls	Twin Falls
COLOR	W	W
AGE AT LAST BIRTHDAY	47 (Years)	38 (Years)
BIRTHPLACE	England	Iowa
OCCUPATION	Salesman (Bookstore)	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or still born) at 11:15A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Coughlin

(Physician or midwife)

Address Twin Falls Ida

Filed 6 30 1922 John F Coughlin Registrar.

Give names added from a supplemental report.

....., 19...

..... Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 102870

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death) for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event) in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's name	Conover	Cogeshall

Subscribed and sworn to before me this 2nd day of Oct, 1942

Notary Public, residing at Twin Falls, Idaho

My commission expires Nov. 17th 1943
(Seal)

Signed F W Meek
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of Oct, 1942

Notary Public, residing at Twin Falls, Ida

My commission expires Nov. 17th, 1943
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 1 7 1969

OCT 6 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102871

County of Twin Falls

City of Kimberly, Idaho

No. 253-115-042-114 St. Registration District No. 36 File No.

Hospital sisters home Primary Registration District No. Registered No. 21

FULL NAME OF CHILD Robert Kelty
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	May 15 1922

What bactericidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Orville Miles Kelty	FULL MAIDEN NAME	Vera Feroll James
RESIDENCE	Jerome, Idaho	RESIDENCE	Jerome, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ore.	BIRTHPLACE	Nebr.
OCCUPATION	farmer	OCCUPATION	HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed May 25, 1922 J M Davis
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

APR 2 1942

PLACE OF BIRTH

299-217-042-313

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly,

No. ..... St.

Registration District No. 36

File No. 102872

Hospital home

Primary Registration District No. .....

Registered No. 22

FULL NAME OF CHILD Mary Elizabeth Britt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	May 17 1922

What bactericidal solution was used in eyes? argyrol 10 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Anton Britt	FULL MAIDEN NAME	Lola Etta Cattron
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Ore.
OCCUPATION	farmer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 2:45 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed May 27, 1922

J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1969

SEP 13 19[illegible]

OCT 26 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
231-224-042-349

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102874

County of Twin Falls
City of Kimberly
No. ____ St.
Hospital home
Registration District No. 36
Primary Registration District No. ____
File No. ____
Registered No. 24

FULL NAME OF CHILD Dorothy Staley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
female			Yes	May 24, 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth #3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Benjamin Jay Staley	FULL MAIDEN NAME	Sarah Cloe Sudweeks
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Com. Laborer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. M. Davis

Physician (Physician or midwife)

Address Kimberly, Idaho

Filed May 30, 1922 J. M. Davis Registrar.

RECEIVED
JUL 28 1922
VITAL

STATE ... DEPARTMENT

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Kimberly

Street: .....

County: Twin Falls Co.

File Number: 102874

Registration Dist. No. .....

Date of Birth: May 24 1922

Sex of Child: Female

Father: Benjamin Jay Staley (Full Name)

Mother: Sarah Cloe Sudweeks (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dorothy Staley
Child's Name in Full

Cloe Staley
Signature of Father or Mother

NOV 21 1972
IAN 03 2013

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

459-126-042-25

JUN 22 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102875

County of Twin Falls

City of Murtaugh

No. ..... St.

Registration District No. 36

File No. .....

Hospital home

Primary Registration District No. .....

Registered No. 25

FULL NAME OF CHILD Morgan Reed Merrill
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 26, 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Larue Hendrick Merrill	FULL MAIDEN NAME	Ida Knapp
RESIDENCE	Utah- Murtaugh	RESIDENCE	Idaho, Murtaugh
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician (Physician or midwife)

Address Kimberly, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed May 31, 1922 J. M. Davis Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1943

419-217-042-318

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 102876

No. ____ St.

Primary Registration District No. 1085

Registered No. ____

Hospital ____

FULL NAME OF CHILD Dagley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	4 17 1922

FATHER	MOTHER
FULL NAME Albert Edward Dagley	FULL MAIDEN NAME Clara Ann Taylor
RESIDENCE Twin Falls, Ida	RESIDENCE Twin Falls Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE England	BIRTHPLACE Salt Lake, Utah
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Mead
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls

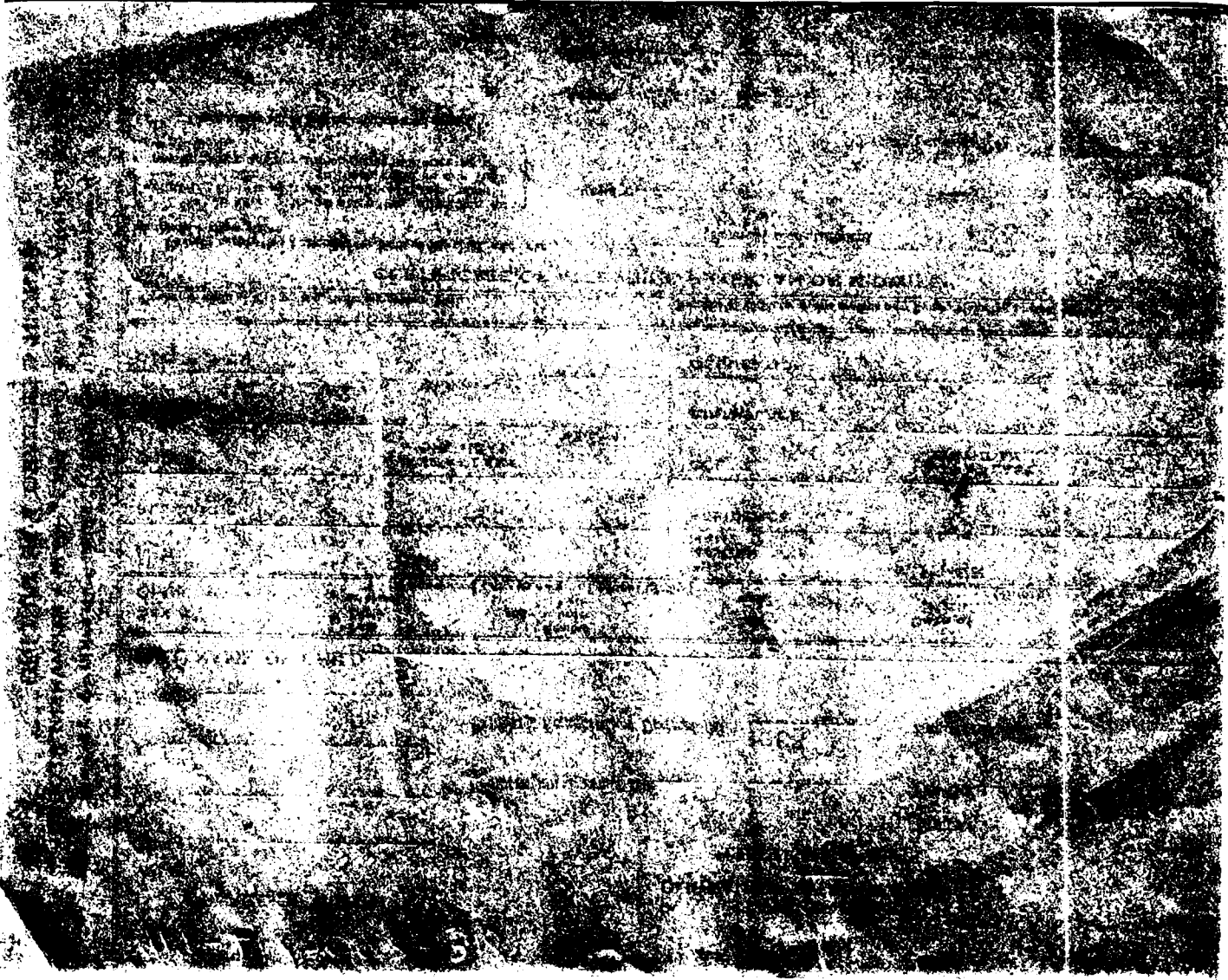
Filed June 9 1922 John L. Gough
Registrar

S-Y CO. 24699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



793-221-042-168

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922

CERTIFICATE OF BIRTH

102877

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Jean Gillespie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	4 (Month) 21 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Cedric Earl Gillespie	FULL MAIDEN NAME	Bessie Joyner
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Muldoon Ida	BIRTHPLACE	Oklahoma
OCCUPATION	Laborer on road building	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Tike

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Ida

19

Filed June 9- 19 22 John F. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE

REC'D
JUL 24 1922
BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC ...

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls
Street: 2nd Ave East
County: Twin Falls

File Number: 102877

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: April 21 1922

Father: Cedric Earl Gillespie (Full Name)

Mother: Dessie Violet Joyner (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lea Gillespie
Child's Name in Full

Cedric Earl Gillespie
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

APR 7 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 259-128- St.
042-168

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 2/18/46

Registration District No. 57 File No. 102878

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Edwin F. Bergman
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	4 / 28 / 192 2

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

FATHER		MOTHER	
FULL NAME	John Bergman	FULL MAIDEN NAME	Christina Johnson
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) W. F. Pike

Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed June 9, 192 2 John F. Coughlin
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Fresno }

Certificate No. 102878

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Bergman (Name on Original Certificate) who was born (Was Born or Died) on April 29, 1922 (Date of Event) in Twin Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by school records (Bible Record, Insurance Policy, Etc.) prepared on 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Bergman	Edwin F. Bergman
Birth Date	April 29, 1922	April 28, 1922

Subscribed and sworn to before me this 7th day of February, 1946.

Everett G Hanna
Notary Public, residing at Fresno, Calif.
My commission expires Feb 19, 1946
(Seal)

Signed × Christena Bergman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
831 Clinton Av. Fresno, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Fresno }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of Feb. 1946.

Everett G Hanna
Notary Public, residing at Fresno, Calif.
My commission expires Feb 19, 1946
(Seal)

Signed Helma Ulrich
(Signature of Any Credible Person)
831 Clinton Ave. Fresno, Calif
(Street Address, City, State)

RECEIVED
VETERANS ADMINISTRATION
FEB 4 1946
CONTACT UNIT
FRESNO, CALIF.

FEB 11 1946

FEB 10 1946

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 391-115 042-653 St.

Hospital

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 102879

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Raymond Elwood Craig

Sex of Child: male

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: 4 (Month) 15 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: John Nelson Craig	FULL MAIDEN NAME: Mary Catherine Wells
RESIDENCE: Twin Falls Ida	RESIDENCE: Twin Falls Ida
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Nebraska
OCCUPATION: Machinist	OCCUPATION: housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:40 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Wood

(Physician or midwife)

Address Twin Falls

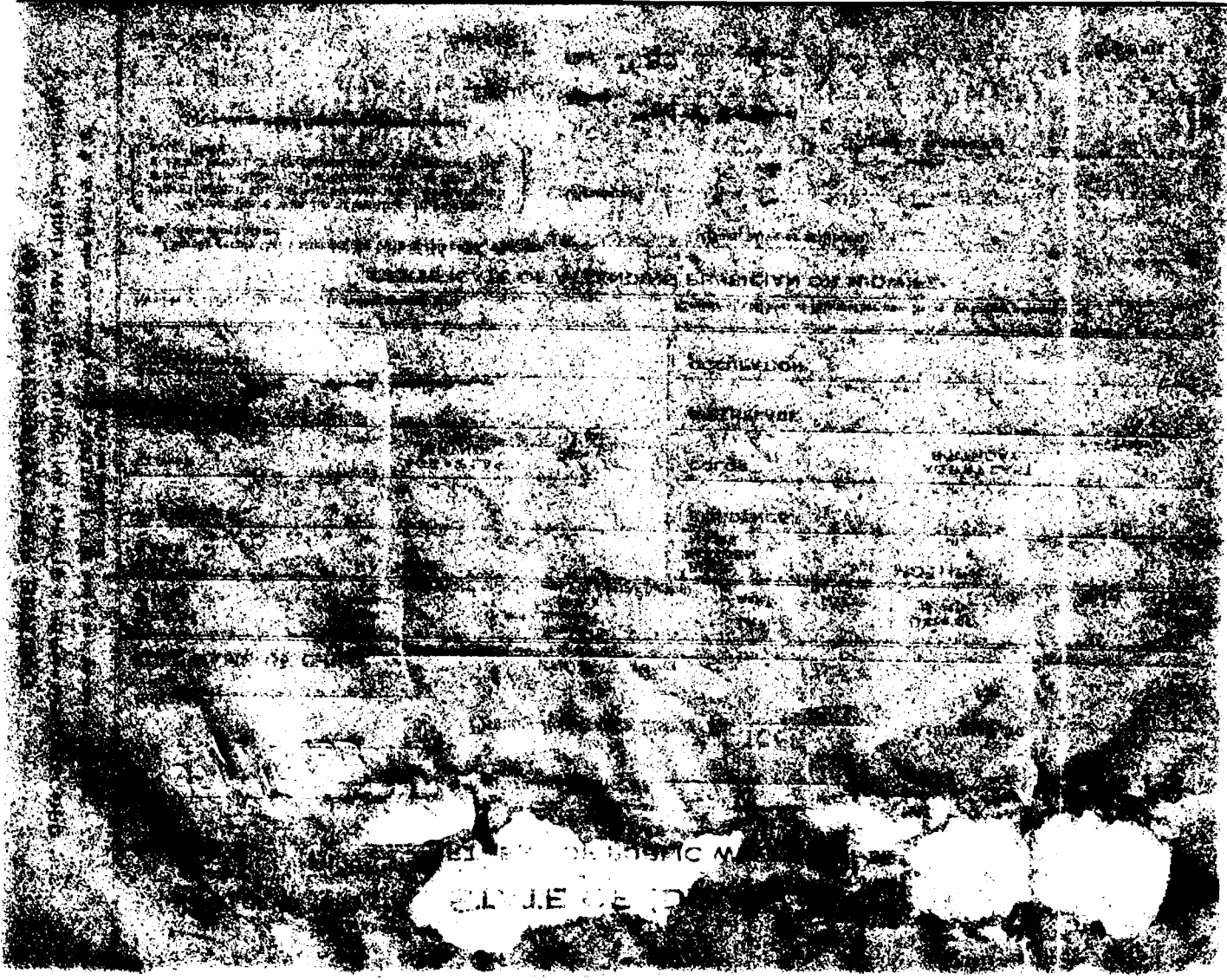
Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed June 9 1922 John F. Coughlin Registrar

S-Y CO. 24695



RECEIVED
JUL 25 1922
BUREAU OF VITAL STATISTICS

[redacted]AHO

[redacted]ELFARE

Boise, Idaho, [redacted]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 277 Sidney St

County: Twin Falls

File Number: 102879

Registration Dist. No.:

Sex of Child: Male

Date of Birth: April 13th 1922

Father: John Williams Craig (Full Name)

Mother: Mary Catherine Fales (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Raymond Elwood Craig
Child's Name in Full

Mrs John W. Craig
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 962-224-042-613 St.

Registration District No. 37

File No. 102880

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD ~~Baby~~ Robinson, Charlotte Grace

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Howard Whittier Robinson	FULL MAIDEN NAME	Lula Wall
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Penn.
OCCUPATION	Mechanical Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1030 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma C. Crossland

Osteopathic Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls, Ida.

19

Filed June 9-22 19 John F. Coughlin Registrar

Registrar

K

2/4/41 L. B.

SEP 2 9 1944

SEP 2 8 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 793-231-042-4 St.

Registration District No. 37 File No. 102881

Hospital

Primary Registration District No. 1985 Registered No.

FULL NAME OF CHILD Gladys Faith Pickett
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	5 31 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carlyle Festus Pickett	FULL MAIDEN NAME	Dorothy Gladys Wright
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Cleveland Ohio
OCCUPATION	farmer	OCCUPATION	house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 8:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 9-22 192

John F. Coughlin
Registrar.

DEC 15 1952

APR 15 1953

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102882

County of Twin Falls

City of Twin Falls

No. 759-202-042-769 St. Registration District No. 37 File No.

Hospital Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Marilynn Deane Perry
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	4 2 1922

What bactericidal solution was used in eyes? a gro 3 R 4

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Cecil M. Perry	FULL MAIDEN NAME	Faith Ford
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kan.	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 a. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Wasson

(Physician or ~~midwife~~)

Address Twin Falls

Filed June 9 1922 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

[illegible]

[illegible]

[illegible]ASON

[illegible] FI[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Twin Falls

File Number 102882

Registration Dist. No. .....

Sex of Child ..... Female .....

Date of Birth April 2 ..... 192 2.

Father Cecil W. Perry
Full Name

Mother Faith Flora Perry
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Marilynn Deane Perry
Child's Name in Full

Cecil W. Perry
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 2 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 268-131-042-384 St.

Registration District No. 37

File No. 102883

Hospital

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M-		Yes	3 31 1922

What bactericidal solution was used in eyes? Agnos 2%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Frank Boyer	FULL MAIDEN NAME	Mabel Thurman
RESIDENCE	Jackson Street Twin Falls	RESIDENCE	Twin Falls
COLOR	W- AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ida.
OCCUPATION	Electrician	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T Swasson

(Physician or midwife)

Address Twin Falls

Filed June 9 1922 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

Z BOYER

NOT

Dup of 1922-348600

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 366 - 109-042-795 St.

Registration District No. 37 File No. 102884

Hospital Co. General Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Robert Maynard Coonrad

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes.	May 9 1922

FATHER	MOTHER
FULL NAME Charles Coonrad	FULL MAIDEN NAME Myrtle Green
RESIDENCE Twin Falls Idaho	RESIDENCE Twin Falls Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Marengo Ill.	BIRTHPLACE Marengo Ill.
OCCUPATION Produce	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Scott

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19 Address Twin Falls

Eyetreatment Argyrol 10% Registrar

Filed June 9 19 22

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102885

County of Twin Falls

City of " "

Registration District No. 37 File No.

No. 515-206-042-515 St.

Hospital County Gen. Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Helen Marjorie Van Cott

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth 3 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 5 (Month) / 6 (Day) 1922 (Year)

FATHER

FULL NAME Dr. Earle Raymond Van Cott

RESIDENCE Twin Falls, Ida

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Salt Lake City, Utah

OCCUPATION Physician & Surgeon

MOTHER

FULL MAIDEN NAME Cleo Pitzer Van Cott

RESIDENCE Twin Falls, Ida.

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Park City, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) H. C. Goudelock

Physician

(Physician or midwife)

Address Twin Falls, Idaho

Filed June 9 1922 John F. Naughton

Registrar

Form V. S. No. 11-C—20m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JUN 22 1922 BUREAU

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 102886

No. 493-210-042-168 St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Joyce Lenore Miller

Sex of Child	Twin (triplet or other)? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female			yes	4 10 1922

FATHER		MOTHER	
FULL NAME	Guy D. Miller	FULL MAIDEN NAME	Lillian Johnson
RESIDENCE	Tensmeer Wyoming	RESIDENCE	Tensmeer Wyoming
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	So. Dak.
OCCUPATION	Hardware Dealer	OCCUPATION	Home Keeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at T. F. on the date above stated.

(Signature) W. H. Pike
Physician
(Physician or midwife)

Address Twin Falls Ida.

Filed June 9 1922 John F. Vaughlin Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8 1957
SEP 14 1957

253-124-042-994

PLACE OF BIRTH

RECEIVED JUN 22 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102887

County of Twin Falls

City of Twin Falls

No. 816 - 4 E St. Registration District No. 37 File No.

Hospital — Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Joseph Henry Becker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	2	Yes	5-24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Albert John Becker	FULL MAIDEN NAME	Louise Zimmermann
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Butcher	OCCUPATION	House

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **, at** 4:10 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Van Cott M.D.
(Physician or midwife)

Address Twin Falls

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 9 1922 John T. Clough
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-205-042-316

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 315 - S - W St. Registration District No. 37 File No. 102888

Hospital — Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Betty Lou Yielding —
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe	1		1	Yes	5 - 5 - 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John W. Yielding	FULL MAIDEN NAME	Erma Lawson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Alabama	BIRTHPLACE	Mississippi
OCCUPATION	Laborer	OCCUPATION	Houfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Van Cott
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Twin Falls.

Filed June 9 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1944

815-220-042-296 Argyrol 10%

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

Registration District No. 37

File No. 102889

No. 802 Blue Lakes Blvd.

Primary Registration District No. 1085

Registered No.

Hospital County

FULL NAME OF CHILD Mary Viola Haney ~~Haney~~

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	Yes	May (Month) 20 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Patrick Haney	FULL MAIDEN NAME	Erma Brown
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Insurance Salesm.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Van Cott

M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls

19

Eye treatment Argyrol
Registrar

Filed 10 June 1922

John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 1 3 1967

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 2 1922

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 37 File No. 102890

No. 819-123-042-893 St.

Primary Registration District No. 1085 Registered No.

Hospital Co. General

FULL NAME OF CHILD Harshbarger Geo. William

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	10 (To be answered only in event of plural births)	Yes.	5 (Month) – 23 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Joseph T. Harshbarger	FULL MAIDEN NAME	Ida Bell Hilderbrand
RESIDENCE	Filer Idaho	RESIDENCE	Filer Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Clinton Missouri	BIRTHPLACE	Harrisonville Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

Phy.
(Physician or midwife)

Given names added from a supplemental report.

19 Address Filer, Ida

Eye treatment argyrol 10% Registrar

Filed June 9 1922

John T. Loughlin Registrar

7-8-41

253-124-042-99

PLACE OF BIRTH [redacted] ATE OF IDAHO

T OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls RE

City of Twin Falls JU

No. 816 - 4 E St. Registration District No. 37 File No. 102891

816

Hospital — Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD John Earl Becker

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin and	first	Yes	Sept. 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Albert John Becker	FULL MAIDEN NAME	Louise Timmerman
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Butcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. M. Van Court M.D.

(Physician or midwife)

Address Twin Falls

Filed June 9 1922

Give names added from a supplemental report.

....., 19.....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-230-042-367

PLACE OF BIRTH

[redacted]LFARE

County of Twin Falls

City of " "

No. 755 Blue Lakes Blvd St.

Registration District No. [redacted] No. 102892

Hospital

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Jane Isabel Wineteer

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	May 30 1922

What bactericidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Clarence R. Wineteer	FULL MAIDEN NAME	Grace Logan
RESIDENCE	Churchill Ida	RESIDENCE	Churchill, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Illinois	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	—

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 am M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Address Twin Falls Idaho

Filed June 9 1922 John F. Coughlin Registrar.

Give names added from a supplemental report.

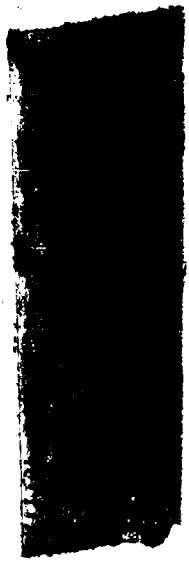
....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/6/41. w.h.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-122-042-693

PLACE OF BIRTH

RECEIVED
JUN 29 1922
BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102893

County of Twin Falls

City of Twin Falls

No. 414 6th Ave E St.

Hospital

Registration District No. 37

Primary Registration District No. 1085

File No.

Registered No.

FULL NAME OF CHILD DeVoe Hartley Clark
(Certificate of no value without full name of child.)

Sex of Child: Male

Twin, Triplet or Other? —

Number in order of birth: 1
(To be answered only in event of plural births)

Legitimate? yes

Date of birth: June 1-22 192
(Month) (Day) (Year)

What bacteriocidal solution was used in eyes? Ag No 3-1%

Number of child of this mother, including present birth: 1

Number of child of this mother now living, including present birth: 1

FATHER

FULL NAME: Devoe Hutchins Clark

RESIDENCE: Twin Falls,

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Nebr.

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Gwendolyn Wilson

RESIDENCE: Twin Falls,

COLOR: White

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Iowa.

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11-15 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Coughlin

Twin Falls, Ida
(Physician or midwife)

Address Phy

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 9-22 192

John F Coughlin
Registrar.

SEVERAL REAS
E FILED FOR EA

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls,

Street: 414 6th Ave. E.

County: Twin Falls

File Number: 102893

Registration Dist. No.:

Date of Birth: June 1 192 2

Sex of Child: Male

Father: De Loe Hutchens Clark (Full Name)

Mother: Gwendolyn Lurline Wilson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

De Loe Hartley Clark

Child's Name in Full

Mrs. D. H. Clark

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

331-101-042-69 RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Twin Falls
No. 414 6th Ave E St.
Registration District No. 37
File No. 102894
Hospital
Primary Registration District No. 1085
Registered No.

FULL NAME OF CHILD DeVon Hutchins Clark
(Certificate of no value without full name of child.)

Sex of Child	Twin, triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	yes	June 1 1922

What bacteriocidal solution was used in eyes? Ag. No 3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Devoe Hutchins Clark	FULL MAIDEN NAME Gwendolyn Wilson
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Nebr.	BIRTHPLACE Iowa.
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Coughlin
Phy.
(Physician or midwife)

Address Twin Falls, Ida

Filed June 9-22 192

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

John F. Coughlin
Registrar.

1942

SEVERAL REA[illegible] WHY A CERTIFICATE OF [illegible]
BE FILED FOR EACH [illegible]

1/2/41 L. B.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 414 - 6th Ave. E.

County: Twin Falls

File Number: 102893

Registration Dist. No.:

Date of Birth: June 1 192 2

Sex of Child: Male

Father: Lee Roe Hutchens Clark (Full Name)

Mother: Gwendolyn Lurline Wilson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lee Roe Hutchens Clark

Child's Name in Full

Mrs. D. H. C. Clark

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

763-223-042-799

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

RECEIVED JUN 2 1922

City of Twin Falls

Registration District No. 37 File No. 102895

No. 711 2nd St. W.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Pauline June Pollard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May (Month) 23 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Floyd Henry Pollard	FULL MAIDEN NAME	Dorothy Pritchett
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hal Bieler M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Ida.

Registrar

Filed June 9 1922 John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 28 1942

249-130-042-269

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37

File No. 102897

Hospital ..... Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Phillip Davis Smith

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	5 / 30 / 1922

What bacteriacidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 — Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Newton Smith	FULL MAIDEN NAME Lilah Godine
RESIDENCE	Twin Falls, Ida.	Twin Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Kentucky	Kansas
OCCUPATION	Mining Agent	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. G. Tike, Physician

(Physician or midwife)

Address Twin Falls Ida.

Filed June 9-22, 192

John A. Coughlan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IC

JAN 1 5 1949

OCT 1 1 1972

OCT 2 2 1942

JUL 1 6 1957

JAN 2 6 1944

PLACE OF BIRTH

Amended 11/29/77

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102898

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Twin Falls

No. 781-214-042-169 St.

Registration District No. 37

File No.

Hospital

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Jewel Chan
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes	5-14-1922

What bacterioidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Ernest Davell Chan	FULL MAIDEN NAME Lydia Johnson
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Mo.
OCCUPATION Contractor	OCCUPATION Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) T Swanson
(Physician or midwife)

Address Twin Falls

Filed June 9-22 John F. Caughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH S
BE FILED FOR EACH CHILD AND THE SAME COMPLETED

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

---

ce { City .....
f { Street .....
h { County .....

File Number ....192898....

Registration Dist. No. .....

of Child....Female....

Date of Birth .....192....

her .....
Full Name

Mother .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 102898

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Gahn (female) (Name on Original Certificate) who was born (Was Born or Died) on May 14, 1922 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's first name	Lyda	Lydia
child s name	Unnamed Gahn	Jewel Ghan
father's last name	Gahn	Ghan

Subscribed and sworn to before me this 15 day of
August, 1977
Evelyn Ford Michael
Notary Public, residing at Roseburg, Oreg.
My commission expires MY COMMISSION EXPIRES AUG. 8, 1980
(Seal)

Signed Lydia Ghan
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)
6421 N. Roberts Portland Ore 97203
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Douglas }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of
August, 1977
Notary Public, residing at Roseburg, Oregon
My commission expires MY COMMISSION EXPIRES AUG. 8, 1980
(Seal)

Signed Cecil J. Ghan
(Signature of Any Credible Person)
Rt. 1 Box 200 Scappoose Ore.
(Street Address, City, State)

FORM DH 60-158

CL 8/4/77 1cc pd. rec. # 3105

Family Bible record gives name as Jewel Ghan bonr May 14, 1922 in Twin Falls, Idaho. gives father's name as Ernest D. Ghan and mother's name as Lydia M. Johnsan. viewed by V. S.

NOV 30 1977.

Application for marrige license gives names as Ernest Ghan and Lydia Johnson. dated March 7, 1942. in Missouri. viewed by V. S.

Transcript from Twin Falls High school gives name as Jewel Ghan born May 14, 1922. dated 1936. viewed by V. S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

County of Twin Falls

City of ~~Twin Falls~~

No. 412-220-042-893 Registration District No. 37 File No. 102899

Hospital Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Elsie Mason
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	1-20-1922

What bactericidal solution was used in eyes? agro 2 2%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Thos. Al. Mason	FULL MAIDEN NAME	Chlona Hill
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	West Va.
OCCUPATION	Mechanic	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6 a. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Mason
(Physician or ~~midwife~~)

Address Twin Falls

Filed June 9-22 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

SEVERAL REASONS WHY A CERTIFI[illegible]

[illegible] FOR EACH CHILD [illegible]

6/30/41

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

File Number: 102899

Street: 221 Addison West

Registration Dist. No.:

County: Twin Falls

Date of Birth: May 20 1922

Sex of Child: Female

Father: Thomas Albert Mason (Full Name)

Mother: Katherine Hill (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named

Elsie Mason (Child's Name in Full)

T. G. Mason (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

951-220
042-814

PLACE OF BIRTH

Amended Mar. 1, 1955

County of Twin Falls

City of Twin Falls

No. 955 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 102900

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD LeIsle Read
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	5 20 1922

What bactericidal solution was used in eyes? AgNo3 2%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robt. L. Read	FULL MAIDEN NAME	Lucile Hammond
RESIDENCE	4th Ave. E. Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Wasson

(Physician or ~~midwife~~)

Address Twin Falls

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed June 9 1922 John F. Coughlin

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles

Certificate No. 102900

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for LeIsle Read (Name on Original Certificate) who was born (Was Born or Died) on 5-19-22 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	5-19-22	5-20-22

Subscribed and sworn to before me this 21st day of February 1955

Edwin B. Lucas
Notary Public, residing at 9007 Lindley Ave./ Sherman Oaks, Cal.
My commission expires January 19, 1956
(Seal)

Signed Lucile H. Read
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
15036 Otsego St., Sherman Oaks, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of February 1955

Edwin B. Lucas
Notary Public, ~~residing at 4842 Van Nuys Blvd.~~,
My commission expires January 19, 1956
(Seal)
I reside at 9007 Lindley Ave.,
Sherman Oaks, California.

Signed Jane S. Finke
(Signature of Any Credible Person)
4842 Van Nuys Blvd., Van Nuys, Calif.
(Street Address, City, State)

DPH 52-155

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 745-124-042-366

RECEIVED JUN 22 1922 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St. Registration District No. 37 File No. 102901

Hospital ..... Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Francis La Mar Guest
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	5-24 1922

What bactericidal solution was used in eyes? agno 3 2%

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ed. M. Guest	FULL MAIDEN NAME	Adie Cook
RESIDENCE	3rd Av. E. Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Contractor	OCCUPATION	Hwy.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 8 a. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Wasson
(Physician or ~~midwife~~)

Address Twin Falls

Filed June 9-22 192.. John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

8 1942

AUG 9 192
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 546 -3rd Ave East

County: Twin Falls

File Number: 102901

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: May 24" 192?

Father: Edward M. Guest (Full Name)

Mother: Ada Cook (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Francis LaMar Guest

Child's Name in Full

Edward M. Guest

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 318-212-042-213 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102902

Registration District No. 37

STATISTICAL

Hospital

Primary Registration District No. 1095

Registered No.

FULL NAME OF CHILD Muriel Eone Tayo

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	5 12 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME James Lumir Tayo	FULL MAIDEN NAME Wallibelle Bates
RESIDENCE Twin Falls Ida.	RESIDENCE Twin Falls Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Chicago, Ill. Illinois	BIRTHPLACE Colo.
OCCUPATION Painter	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. G. Tate
Physician
(Physician or midwife)

Address Twin Falls Ida

Filed June 9-22 192..

John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4//8/41 L. B.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number .....102902.....

Registration Dist. No. .....

Sex of Child.....Female.....

Date of Birth .....192....

Father ..... Mother .....

Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102903

County of Twin Falls

City of Twin Falls

No. 135-103-042-317 Registration District No. 57 File No.

Hospital Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Robert Geores Atnip
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 2 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elmer Joseph Henry Atnip	FULL MAIDEN NAME	Gracie May Lapaz
RESIDENCE	424 Elm St Twin Falls Ida	RESIDENCE	Twin Falls, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 6:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Mason
Physician
(Physician or midwife)

Address Twin Falls, Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 9-22 1922 John F. Coughlin
Registrar.

VERAL REASO

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City [illegible] Pa.

Street [illegible]

County [illegible]

File Number 102903

Registration Dist. No. 5

Date of Birth [illegible] 3, 192[illegible]

Sex of Child Male

Father [illegible] (Full Name)

Mother [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

[illegible] (Child's Name in Full)

[illegible] (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Twin Falls

No. 734-207-042 St. Registration District No. 37 File No. 102904

Hospital ..... Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Loretta R. Plumber

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 7 192 2

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Edgar Eugene Plumber	FULL MAIDEN NAME	Nisha Adeline Nord
RESIDENCE	5th St. S. Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Plumber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C. D. Mason

Physician

(Physician or midwife)

Address Twin Falls Ida

Filed June 9-22 192.. John T. Coughlin Registrar.

STATE OF [illegible]

DEPARTMENT OF [illegible]

[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 5th

County: Twin Falls

File Number: 102904

Registration Dist. No.: 2

Sex of Child: Female

Date of Birth: May 7th 192 2

Father: Edgar Eugene Plumlee (Full Name)

Mother: Mosha Adeline Hoover (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Agoretta Pauline Plumlee

Child's Name in Full

E. E. Plumlee

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 22 19[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 243-201-042-6 St. Registration District No. 37 File No. 102905

Hospital [illegible] Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Barbara Frances Sutcliffe
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	5 / 1 / 192[illegible]

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Robert Alphonso Sutcliffe	FULL MAIDEN NAME Alma Cathe Faris
RESIDENCE Twin Falls, Idaho	RESIDENCE Twin Falls Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Ill.
OCCUPATION Dentist	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Mead
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 9-22 192..

John R. Coughlan
Registrar.

JUN 2 1 1945

695-112-042-496 Child's name added 2-24-87 lh

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Twin Falls

CERTIFICATE OF BIRTH

City of Kimberly

Registration District No. 37

File No. 102906

No. — St.

Primary Registration District No. 2085

Registered No.

Hospital —

FULL NAME OF CHILD Baby Winn Ben P. Winn

Sex of Child	Twin, Triplet or other? — (To be answered only in event of plural births)	and	Number in order of birth —	Legitimate?	Date of Birth (Month) 4 (Day) 1 (Year) 22
Male				yes	

FATHER		MOTHER	
FULL NAME	Stephen G Winn	FULL MAIDEN NAME	Edith Mufflin
RESIDENCE	Kimberly Ida	RESIDENCE	Kimberly Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Leeta

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

19 —

Address Twin Falls, Ida

Registrar

Filed June 9 19 22

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

1-26-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMENDA ORIGINAL CERTIFICATE

State of Idaho
County of Lemhi } ss.

FEB 3 1987

Certificate No. 102906
Date Filed 1/29/87

Bureau of Vital Statistics, Standards and Local Health Services

The undersigned does solemnly swear that certain facts on the certificate of birth for Baby Winn (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 12, 1922 (Date of Event) in Kimberly, Twin Falls Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	Baby Winn	Ben P. Winn

Subscribed and sworn to before me this 29 day of January, 19 87

Notary Public, [signature]
Residing at Salmon
My commission expires 6/12/1992.
(Seal)

* Ben P. Winn
Signature of Applicant
307 9th St. Salmon, Idaho 83467
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary XXX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

FEB 2 4 1987

Medical bill from St. Patrick Hospital in Missoula, MT dated 10/18/77 - admission date to 10/23/77 - discharge date gives name as Ben Philip Winn .
Viewed by V.S.

Wage & Tax Statement - Form W-2 gives name as Ben Winn, Arco, ID -- employer Ensign Coil Co. of Chicago, IL. 1986 Wages
Viewed by V.S.

Social Security card - obviously old gives name as Ben P. Winn of May, ID #530-10-5399.
Viewed by V.S.

343-128-042-769

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 192
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 102907

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD MILTON LEGRANT Lucier

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	5 28 1922

What bactericidal solution was used in eyes? Arg NO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	[illegible]	FULL MAIDEN NAME	Lulu Lorey
RESIDENCE	Filer Ida.	RESIDENCE	Filer Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Texas
OCCUPATION	Farming	OCCUPATION	Farming

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) [illegible]
(Physician or midwife)

Address Twin Falls Ida

Filed June 9-22 192 John T. Coughlin Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 102907

State of Idaho } ss.
County of Twin Falls }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Tucker (Name on original certificate) who was born (Was born or died) on May 28, 1922 (Date of event)
in Filer, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on June 1st, 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Tucker	Milton Legrant Tucker

Subscribed and sworn to before me this 28th
day of November, 1941

Notary Public, residing at Filer, Idaho
My commission expires April 16, 1945
[SEAL]

Signed J. M. Tucker (father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F.D. #1, Filer, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of November, 1941

Notary Public, residing at Filer, Idaho
My commission expires April 16, 1945
[SEAL]

Signed Lula Ell Tucker (mother)
(Signature of any credible person other than the previous affiant.)

R.F.D. #1, Filer, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Hollister

No. ~~56~~ 595-217-042-652 St.

Registration District No. 37

File No. 102908

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Verda Sylvia Neilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	4 (Month) 17 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Arch Walter Neilson	FULL MAIDEN NAME	Sylvia Elizabeth Webb
RESIDENCE	Hollister, Ida.	RESIDENCE	Hollister, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed June 9 1922

John F. Coughlin
Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Twin Falls
City of Murtaugh
No. 331-111-042[illegible] St.
Registration District No. 37
File No. 102909
Hospital
Primary Registration District No. 2085
Registered No.

FULL NAME OF CHILD Owen Dale Clawson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	April 11 1922

What bactericidal solution was used in eyes? Ag No3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 7

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Owen C Clawson	Minnie Dodd
RESIDENCE	Murtaugh	Murtaugh
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Mo	Mo
OCCUPATION	Farmer	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) F. H. Cutter M.D.
(Physician or midwife)

Address Burley Ida

Filed June 9 1922 John S. Vaughan Registrar.

SEVERAL REASONS WHY A CERTIF
BE FILED FOR EACH

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Milner

Street:

County: Twin Falls

File Number: 102909

Registration Dist. No.:

Date of Birth: April 11 1922.

Sex of Child: Male

Father: Owen C. Clawson
Full Name

Mother: Minnie C. Dodd Clawson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Owen Dale Clawson
Child's Name in Full

Mrs Minnie C. Clawson
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

699-120-042-966

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102910

County of Twin Falls

City of ——

No. —— St.

Registration District No. 37 File No.

Hospital Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Verlin Reuben JACK Wright

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	1	Yes	5 20 1922

What bacteriocidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Ruben Albert Wright	FULL MAIDEN NAME	Rhoda Pearl Rowley
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls Co
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl Van Cott M.D.

(Physician or midwife)

Address Twin Falls

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 9 1922 John F. Corey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Bannock, }

Certificate No. 102910

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on May 20, 1922, (Date of Event)
in Twin Falls, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible and Church records (Bible Record, Insurance Policy, Etc.) prepared on Bible Record at time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Verlin Reuben	Verlin Jack Wright

Subscribed and sworn to before me this 13th
day of June, 19 42.

Thos. J. Turner
Notary Public, residing at Pocatello, Idaho.

My commission expires Oct. 15th, 1944.
(Seal)

Signed Ruby Bowley Stuart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mother's older sister.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 16 1942

JUN 18 1942

AUG 15 1975

264-226-042-235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102911

County of Twin Falls
City of
No. St.
Registration District No. 37
File No.
Hospital
Primary Registration District No. 2085
Registered No.

FULL NAME OF CHILD Dorothy Marie Sommer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 26 1922

What bactericidal solution was used in eyes? argyrol 10 %

Number of child of this mother, including present birth. 4th Number of child of this mother now living, including present birth. 4

FATHER		MOTHER	
FULL NAME	John G. Sommer	FULL MAIDEN NAME	Louise M. Steinman
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7.45 am M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson
Physician
(Physician or midwife)
Address Twin Falls Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 9 1922 John S. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: R-1

County: Twin Falls

File Number: 102911

Registration Dist. No.:

Sex of Child: Female

Date of Birth: May 26 1922

Father: John Gottfried Sommer (Full Name)

Mother: Louise Marie Steinman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dorothy Marie Sommer
Child's Name in Full

Mrs John Sommer
Signature of Father or Mother

AUG

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

413-129-042-315

PLACE OF BIRTH

RECEIVED JUN 22 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

~~City of~~

No. Filer R 2 St. Registration District No. 37 File No. 102912

Hospital Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Kenneth Edward Malone
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 29 1922

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Loren Leroy Malone	FULL MAIDEN NAME	Ruth Lennehill
RESIDENCE	Filer, Ida	RESIDENCE	Filer Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 am M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

physician
(Physician or midwife)

Address Twin Falls Idaho

Filed June 9 1922 John F Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued November 4, 1940. E.W.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Filer

Street:

County: Twin Falls

File Number: 102912

Registration Dist. No.:

Sex of Child: Male

Date of Birth: May 29, 192[illegible].

Father: Loren Leroy Malone (Full Name)

Mother: Ruth Copeland Tamerius (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Kenneth Earl Malone
Child's Name in Full

Loren L. Malone
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

817-(3)-042-415

PLACE OF BIRTH

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ____ St.

Registration District No. 37

File No. 102913

Hospital ____

Primary Registration District No. 2085

Registered No. ____

FULL NAME OF CHILD Ralph Henry Haggard

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	5 31 1922

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Wm Henry Haggard	FULL MAIDEN NAME	Mattie Young
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	N. Carolina
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 40 9 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician

(Physician or midwife)

Address Twin Falls Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 9-22 192

John R. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Tilden

Street: Main

County: Live Oak

File Number: 102913

Registration Dist. No.:

Sex of Child: Male

Date of Birth: May 21 1922

Father: W Henry Haygard (Full Name)

Mother: Miss Mattie Daniel (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Rhanald Henry Haygard

Child's Name in Full

Mrs W. H. Haygard

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

219-205-042-230

RECEIVED JUN 22 192

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls BUREAU OF VITAL STATISTICS

City of Kimberly

No. ____ St.

Registration District No. 37 File No. 102914

Hospital

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD BETTY BARR
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	May 15 1922

What bactericidal solution was used in eyes? Argyrol 2%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	David Newton Barr	FULL MAIDEN NAME	Stella Strong
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	Housework.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 2 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I S Maeser

(Physician or ~~midwife~~)

Address Twin Falls

Filed June 9-22 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 102914
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~death~~)
for Unnamed Barr (Name on original certificate) who Born (Was born or ~~died~~) on 15th May 1922 (Date of event)
in Kimberly, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Barr	Betty Barr

Subscribed and sworn to before me this 10th
day of November, 1944
Leota McHenry
Notary Public, residing at Santa Monica
My commission expires My Commission Expires Aug. 15, 1944
[SEAL]

Signed David N. Barr (Father)
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)
2136 Walnut Ave. Venice, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on NOV 12 1944 By .....
(Registrar's signature)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 993-228-042-234

RECEIVED JUN 22 1922 BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Registration District No. 37 File No. 102915

Hospital ..... Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Rice, Marian Louise
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	5/28/1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Arthur Lincoln Rice	FULL MAIDEN NAME	Ruby Lee Stuart
RESIDENCE	Kimberly Ida	RESIDENCE	Kimberly Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Meaver
Physician
(Physician or midwife)

Address Twin Falls, Ida

Filed June 9-22 1922 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

SEP 8

REASONS WHY A CERT ICA.
D AND THE SAME

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: .....

County: .....

File Number: 102915

Registration Dist. No.: .....

Sex of Child: Female

Date of Birth: May 23rd 1927

Father: Wilburn Lincoln Rice (Full Name)

Mother: Ruby Lee Stuart (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marian Louise Rice

Child's Name in Full

Ruby Lee Rice

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

141-102-044-666

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 11th & E. Com. St.

Hospital

Registration District No. 86 File No. 102917

Primary Registration District No. 1010 Registered No. 57

FULL NAME OF CHILD Kenneth Francis Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 2 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Shirley Adams	FULL MAIDEN NAME	Gladys Woods
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Weiser Ida	BIRTHPLACE	Wis.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser Ida

Registrar

Filed 6/3 1922

W. R. Hamilton
D.H.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington }

Certificate No. 102917

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Kenneth Francis Adams (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 2, 1922 (DATE OF EVENT)
in Weiser, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Adams	Kenneth Francis Adams

Subscribed and sworn to before me this 27th. day of February, 19 42

Notary Public, residing at Weiser, Idaho

My commission expires Dec. 10, 1942
(SEAL)

Signed Mrs. Shirley Adams
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAR 3 1942

APR 13 1966

236-204-044-~~466~~434

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102918

County of Washington

City of Weiser

No. 7th & E. Com. St.

Registration District No. 86 File No.

Primary Registration District No. 1010 Registered No. 58

Hospital

FULL NAME OF CHILD Jessie Christina Storm

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	May 4 1922

	FATHER		MOTHER
FULL NAME	Wm E Storm	FULL MAIDEN NAME	Columbine McDonald
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Scotland	BIRTHPLACE	Cripple Creek Colo
OCCUPATION	Contractor	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Walkhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Weiser Idaho

19

Registrar

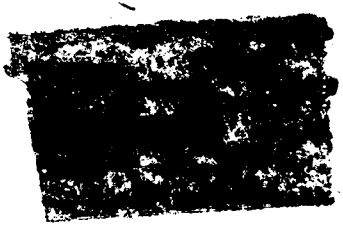
Filed 6/3 1922 W. P. Hamilton D.H. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 5 1942



PLACE OF BIRTH 853-2077 044 — 142

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102919

County of Washington

City of Weiser

No. 610 W. Main St. Registration District No. 86 File No.

Hospital Primary Registration District No. 1910 Registered No. 59

FULL NAME OF CHILD Iris Jean Hetrick
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	5 — 7 — 1922

What bactericidal solution was used in eyes? Ag NO3 1/2% sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Everett H. Hetrick	FULL MAIDEN NAME	Hattie Ambuggey
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Kentucky
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:45 P. M. on the date above stated.

(Signature) W. R. Hamilton M.D.

(Physician or midwife)

Address Weiser, Idaho

Filed 6/13 1922 W. G. Hamilton
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 25 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 102919

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Iris Jean Hetrick (Birth or Death)
for Iris Jean Hetrick (Name on Original Certificate) who was born (Was Born or Died) on May 7, 1922 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's maiden name	Hattie Wyatt	Hattie Amburgey

Subscribed and sworn to before me this 3rd
day of November, 19 42
Wm. L. Dunbar
Notary Public, residing at Boise, Idaho
My commission expires Dec. 13, 1942.
(Seal)

Signed Iris Jean Hetrick Hetrick Iris Jean Hetrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
638 W. MainStr. Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of November, 1942
Wm. L. Dunbar
Notary Public, residing at Boise, Idaho
My commission expires Dec. 13, 1942.
(Seal)

Signed Mary Smith
(Signature of Any Credible Person Other Than Previous Year)
414 W. Jefferson, Boise, Idaho.
(Street Address, City, State)

NOV 5

944-107-044-466

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102920

County of Washington

City of Weiser

Registration District No. 86 File No.

No. St.

Primary Registration District No. 2112 Registered No. 60

Hospital

FULL NAME OF CHILD George Alfred Zumalt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 7 1922

FATHER		MOTHER	
FULL NAME	Fred Zumalt	FULL MAIDEN NAME	Bertha Moore
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Mo	BIRTHPLACE	Kans
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S M Waterhouse

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser Ida

Registrar

Filed 6/3 1922

W. R. Hamilton
D.H.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CLASSIFIED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

JUL 13 1922

Boise, Idaho, ... 192...

Dear Madam:

B1 The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weiser

Street: .....

County: Washington

File Number: 102920

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: May 7th 192 2

Father: James F. Zumwalt (Full Name)

Mother: Bertha L. Moore (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

George Alfred Zumwalt

Child's Name in Full

James F. Zumwalt

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

DEC 27 195

619-208-044-455

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 102921

No. ..... St.

Primary Registration District No. 1010 Registered No. 61

Hospital .....

FULL NAME OF CHILD Golda Warner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John E. Warner	FULL MAIDEN NAME	Sarah Denning
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	St George Utah	BIRTHPLACE	Idaho Falls Ida
OCCUPATION	Structural Iron Worker	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5-45 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S M Waterhouse
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Registrar

Filed 6/3 1922 W. R. Hamilton DA Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1942

213-111-044-313

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUN 22 BUREAU STAT

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 102922

No. ..... St.

Primary Registration District No. 2112 Registered No. 62

Hospital .....

FULL NAME OF CHILD Dallas George Bacon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 11 1922

FATHER		MOTHER	
FULL NAME	Melvin G. Bacon	FULL MAIDEN NAME	Beulah Lolly
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Boise Ida	BIRTHPLACE	Weiser Ida
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 55 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Registrar

Filed 6/3 1922 W. R. Hamilton D.H. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942
MAR 29 1984

142-113-044-732

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 22 19[illegible]
BUREAU

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 11 W Washington St.

Registration District No. 86

File No. 102923

Primary Registration District No. 1010

Registered No. 63

Hospital

FULL NAME OF CHILD Wilfred Garth Ambergy

Sex of Child Male

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth May 13 (Month) 1 (Day) 1922 (Year)

FATHER

FULL NAME George Ambergy

RESIDENCE Weiser Idaho

COLOR White

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Ky

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Bertha Ackerman

RESIDENCE Weiser Ida

COLOR White

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Salubria Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 4 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) [illegible] Physician

(Physician or midwife)

Address Weiser Idaho

Filed 6/3 1922

[illegible] Registrar

JUL 29 [illegible]
BUREAU OF VITAL STATISTICS

[illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weiser

File Number: 102923

Street: 11th & Washington

Registration Dist. No.:

County: Washington

Date of Birth: May 13th 192.2

Sex of Child: Male

Father: George W. Ambrugey (Full Name)

Mother: Bertha A. Ackerman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wilfred Garett Ambrugey (Child's Name in Full)

Mrs. Bertha Ambrugey (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 2 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 102925

No. 693-217-044-559 St.

Primary Registration District No. 2112 Registered No. 64

Hospital

FULL NAME OF CHILD EVA DORIS Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	May 17 1922

FATHER		MOTHER	
FULL NAME	Harry R Williams	FULL MAIDEN NAME	Verna Cruft
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ore	BIRTHPLACE	Penn
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser Ida

Registrar

Filed 6/5 1922

W. P. Hamilton
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Jackson } ss.

Certificate No. 102925

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Eva Doris Williams (Birth or Death)
for Williams (Name on Original Certificate) who Born (Was Born or Died) on May 17, 1922 (Date of Event)
in Weiser Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Eva Doris Williams

Subscribed and sworn to before me this 20th
day of October, 19 42.

Notary Public, residing at Medford, Oregon.

My commission expires Dec. 3, 1944.
(Seal)

Signed Verna Ronella Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

137 Tripp, Medford, Oregon.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed Harry Raymond Williams
(Signature of Any Credible Person Other Than Previous Year)

137 Tripp St Medford Ore.
(Street Address, City, State)

FEB 24 1976

JAN 5 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser

No. 854-117-044-284 St.

Registration District No. 86 File No. 102926

Primary Registration District No. 2112 Registered No. 65

Hospital

FULL NAME OF CHILD Seth Thomas Hendry

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter T. Hendry	FULL MAIDEN NAME	Bertha Squires
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 11 55 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S M Waterhouse
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser Idaho

Registrar

Filed 6/5 1922 W. G. Hamilton L.H. Registrar

STATE OF

RECEIVED
JUL 26 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weiser

Street: 814 E. Main St

County: Washington

File Number: 102926

Registration Dist. No.:

Sex of Child: Male

Date of Birth: May 17 192 2

Father: Walter Glenn Hendry (Full Name)

Mother: Bertha Squires (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Seth Thomas Hendry
Child's Name in Full

Mrs. Walter G. Hendry
Signature of Father or Mother

JAN 24 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

653-218-044-165

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 715 E Main St.

Registration District No. 86 File No. 102927

Primary Registration District No. 1010 Registered No. 66

Hospital

FULL NAME OF CHILD Harriet Gladys Wells

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	May 18 1922

FATHER		MOTHER	
FULL NAME	Harry M Wells	FULL MAIDEN NAME	Gladys Jones
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mo	BIRTHPLACE	Weiser Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) 8:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Walachowie
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Idaho

19

Registrar

Filed 6/5 1922

W. P. Hamilton
D.H.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IOWA

DEPARTMENT OF PUBLIC [illegible]

RECEIVED
JUL 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 13 1922 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weiser

Street: 717 E. Maine

County: Washington

File Number: 102927

Registration Dist. No.:

Sex of Child: Female

Date of Birth: May 18 1922.

Father: Harry M. Wells (Full Name)

Mother: Gladys J. Jones (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Harriet Gladys Wells

Child's Name in Full

Mrs. Harry M. Wells

Signature of Father or Mother

JAN 13 194

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102928

County of Washington
City of Weiser
No. 266-220-044-91 St.
Registration District No. 86
File No.
Hospital
Primary Registration District No. 2112
Registered No. 67

FULL NAME OF CHILD Gladys Velma Bowman.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5 20 1922

What bacterieidal solution was used in eyes? Ag NO3 1% sol.

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Cecil C. Bowman	FULL MAIDEN NAME	Alice Rambo
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. Hamilton
Physician
(Physician or midwife)
Address Weiser Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 6/5 1922 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weiser

Place of Birth — Street:

Place of Birth — County: Washington

File Number: 102928

Registration Dist. No.: 8

Date of Birth: May 20 1922

Sex of Child: Female

Father: Cecil L. Bowman (Full Name)

Mother: Alice Ramon. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gladys Velma Bowman
Child's Name in Full

Cecil L. Bowman
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1140

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 154-121-044-118

RECEIVED JUN 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington
City of Weiser
No. 928 E. Court St.
Hospital

Registration District No. 86 File No. 102929
Primary Registration District No. 1010 Registered No. 68

FULL NAME OF CHILD Donal Jaques Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	and 3	Yes	5 21 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Nephi A. Anderson	FULL MAIDEN NAME Zilpah R. Jaques
RESIDENCE Weiser, Idaho	RESIDENCE Weiser, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M. D.

(Physician or midwife)

Address Weiser, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 6/5 1922 W. G. Hamilton Registrar.

7-8-41

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Oregon } ss.
County of Union }

Certificate No. 102929
Date Filed AUG 11 1941

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Donald Jaques Anderson (Name on original certificate) who was born (Was born or died) on May 21, 1922 (Date of event) in Weiser, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by parents knowledge (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
name	Donald Jaques Anderson	Donal Jaqus Anderson
name (mother)	Vilpha A. Jaques	Zilpah R. Jaques

Subscribed and sworn to before me this 8th day of August, 19 41

Jesse Crum
Notary Public, residing at Elgin, Oregon,
NOTARY PUBLIC FOR OREGON
My commission expires My Commission Expires Feb. 19, 1945
[SEAL]

Signed Lelah A. Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Imbler, Oregon
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Oregon } ss.
County of Union }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of August, 1941

Jesse Crum
Notary Public, residing at Elgin, Oregon
NOTARY PUBLIC FOR OREGON
My commission expires My Commission Expires Feb. 19, 1945
[SEAL]

Signed Lelah Fay
(Signature of any credible person other than the previous affiant)

Imbler, Oregon,
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

1148

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
559-22-044-294
County of Washington
City of Weiser
No. 649 Butterfield St.
Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 102930
Primary Registration District No. 1010 Registered No. 69

FULL NAME OF CHILD Letha Virginia Neill
(Certificate of no value without full name of child.)

Sex of Child: Female
Twin, Triplet or other? # and Number in order of birth: 2
(To be answered only in event of plural births)
Legitimate? Yes
Date of birth: 5 (Month) 24 (Day) 1922 (Year)

What bacterioidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth: 2
Number of child of this mother now living, including present birth: 2

FATHER	MOTHER
FULL NAME: William T. Neill	FULL MAIDEN NAME: Ella May Brundage
RESIDENCE: Salmon, Idaho	RESIDENCE: Salmon, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.25 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.
(Physician or midwife)
Address Weiser, Idaho.

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed 6/5 1922
W. J. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-227-044-238

PLACE OF BIRTH

County of Washington

City of Weiser

No. 2½ E. Galloway St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED CERTIFICATE OF BIRTH

Sept. 11, 1947

Registration District No. 186 / 1010 File No. 102951 / 70

Primary Registration District No. Registered No.

FULL NAME OF CHILD Dorothea Barbara Lewis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	Yes	May 27 192 2

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Fred A. Lewis	FULL MAIDEN NAME: Amanda Schultz
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 50 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Pennsylvania	BIRTHPLACE: Wisconsin
OCCUPATION: Carpenter	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

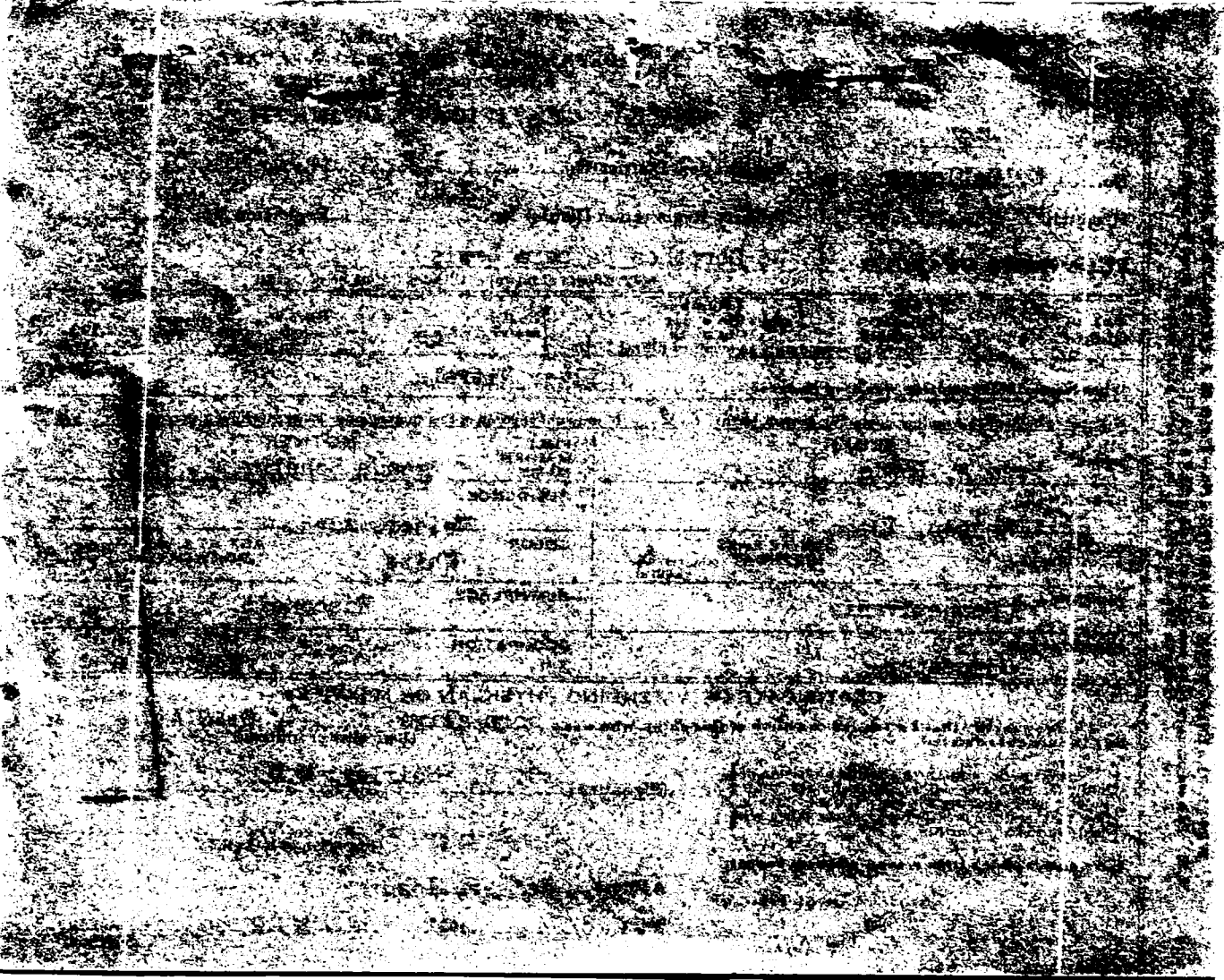
Address Weiser, Ida.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 6/5/ 1922 W. R. Hamilton
Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington }

Certificate No. 102931

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorothea Barbara Lewis (Name on Original Certificate) who was born (Was Born or Died) on May 27, 1922 (Date of Event)
in Weiser Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 27 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dorothae Barbara Lewis	Dorothea Barbara Lewis

Subscribed and sworn to before me this 6th day of September, 1947

Notary Public, residing at Weiser Idaho

My commission expires Jan 1, 1950

(Seal)

Signed Amanda Schultz Lewis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

455-120-002-815

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

County of ~~[illegible]~~ Adams RECEIVED CERTIFICATE OF BIRTH

JUL 1 1922

City of Goodrich Registration District No. 87 File No. 102932

STATISTICS

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Harold Alton Denney

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 20 1922

FATHER	MOTHER
FULL NAME: Samual James Denney	FULL MAIDEN NAME: Hazel Leon Hannon
RESIDENCE: Goodrich Idaho	RESIDENCE: Goodrich Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Oklahoma
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Solmes

Phisician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Midvale Idaho

Filed 6-30- 1922 F A Solmes
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JUL 1[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Goodrich

Street:

County: Adams

File Number: 102932

Registration Dist. No.:

Sex of Child: Male

Date of Birth: June 20 192 2

Father: Samuel James Delaney (Full Name)

Mother: Hazel Leone Harman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Harold Alton Delaney

Child's Name in Full

Hazel F. Delaney

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

392-122-044-679

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

City of Midvale

Registration District No. 87 File No. 102933

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Donald Tharen Tischer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 22 22 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl G. Tischer	FULL MAIDEN NAME	Emma Bertha Ogrosky
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Min.
OCCUPATION	Section laborer	OCCUPATION	house wife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 PM M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Midvale Idaho

Registrar

Filed 6-1 1922 F A Schmidt

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 0 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Washington

City of Midvale

No. 291-117-044-315 St.

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87 File No. 102934

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Norris Earl Bratcher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	May 17 1922

FATHER		MOTHER	
FULL NAME	Elmer S. Bratcher	FULL MAIDEN NAME	Edith Grace Lanway
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wn	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt

(Physician or midwife)

Given names added from a supplemental report.

19

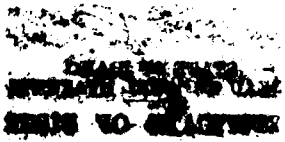
Registrar

Address Midvale Idaho

Filed 6-1-1922 F A Schmidt

Registrar

DEC 18 1941



DEC 23 1941

JUL 2 [illegible] 1941

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Washington

City of Midvale

281-102-044-296 No. ____ St.

Registration District No. 87

File No. 102935

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Ynis Edwin Shaw

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.				yes.	April 2 - 1922

FATHER		MOTHER	
FULL NAME	Arthur Ben Shaw	FULL MAIDEN NAME	Martha May Bowen
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz
Physician
(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed April 1 - 1922 F A Schmitz
Registrar

219-111-044-459

1. PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

(If born in hospital or institution, give name)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87 State File No. 102936

Prim. Registration District No. [illegible] Local Registrar's No. [illegible]

2. FULL NAME OF CHILD [illegible] Bainbridge

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | [illegible] birth [illegible] 11 (Month, Day, Year)

FATHER	MOTHER
9. Full name: B. Bainbridge	18. Full maiden name: Rosetta Derrick
10. Residence (usual place of abode) (If non-resident, give place and State): Weiser, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Weiser, Idaho
11. Color or race: Wh | 12. Age at last birthday: 61 (years)	20. Color or race: Wh | 21. Age at last birthday: 4[illegible]
13. Birthplace (city or place) (State or Country): Missouri	22. Birthplace (city or place) (State or Country): Milton, Oregon
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 3:00 at P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F. A. Schmitz [signature], M. D.

or ....., Midwife

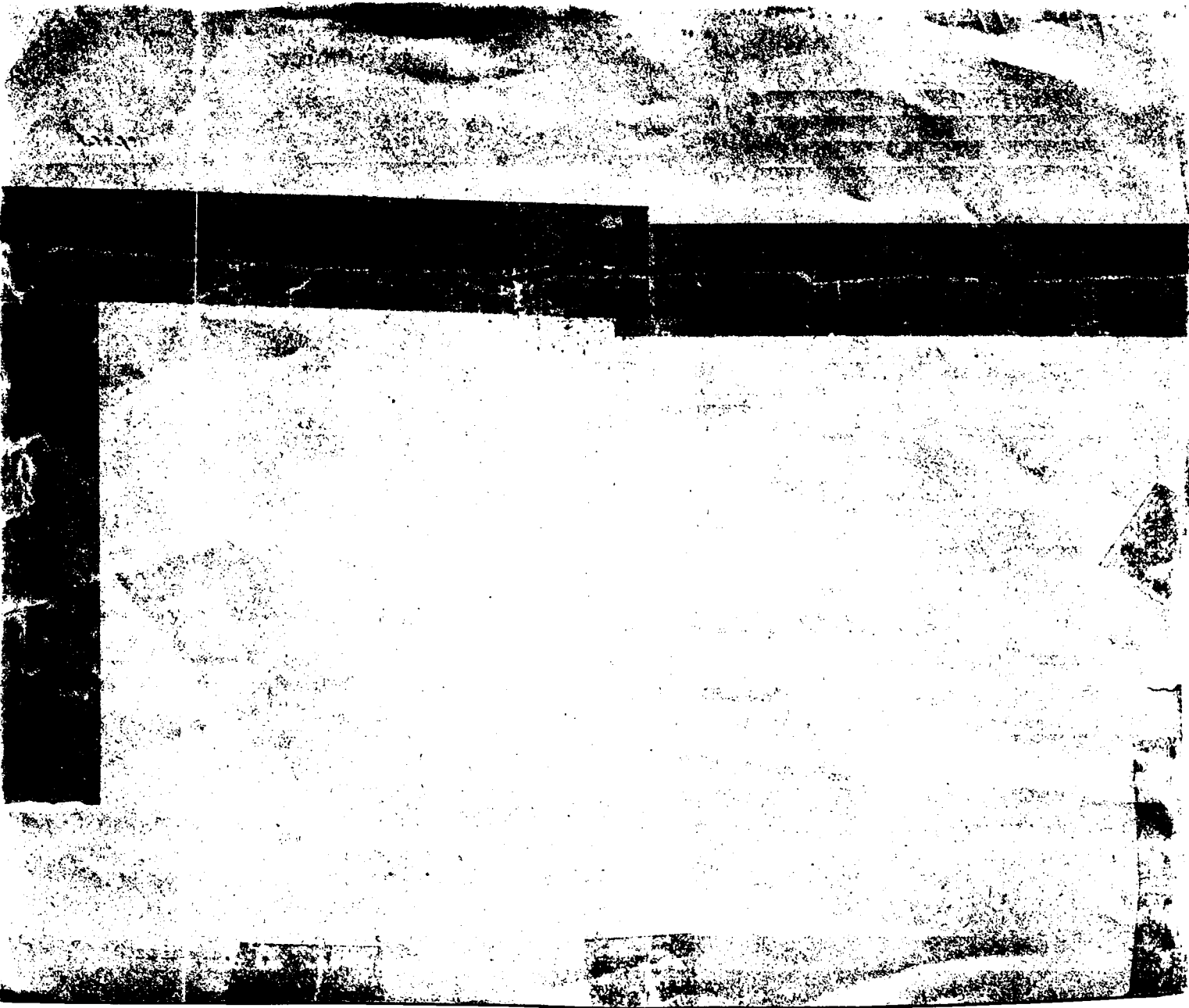
Address Midvale, Idaho

Give name added from a supplemental report .....
(Date of)

Filed June 1, 193 22 F. A. Schmitz [signature]
Registrar.

Registrar.

one child at birth a Separate Return must be ... for each, and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

102938

RECEIVED
JUL 1 1922
BUREAU OF VITAL STATISTICS

County of Washington

City of Midvale

Registration District No. 87

File No.

No. 965-207-044-763 St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Minnie Poe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				yes	May 7- 1922

FATHER	MOTHER
FULL NAME Fred Peck Poe	FULL MAIDEN NAME Grace Mary
RESIDENCE Midvale Idaho	RESIDENCE Midvale Idaho
COLOR White. AGE AT LAST BIRTHDAY 56 (Years)	COLOR White. AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Ireland	BIRTHPLACE Nebraska
OCCUPATION Farmer	OCCUPATION Home Wife.

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive., at 4 4 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Johnson
Physician
(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report.

19

Registrar

Filed 6-1-1922 F A Johnson
Registrar

[redacted]

Boise, Idaho, JUL[redacted] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office, It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City Midvale

File Number 102938

Street

Registration Dist. No.

County Washington Co. Ida

Sex of Child Female

Date of Birth May 7th 192 2

Father Fred P Rae
Full Name

Mother Grace O[illegible]
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Minnie Rae
Child's Name in Full

Fred P Rae
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

464-112-001-286

PLACE OF BIRTH

County of Ada

City of Boise

No. 1714 Dona St.

Hospital —

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102945

Registration District No. 2 File No. 102945

Primary Registration District No. 1004 Registered No. 366

FULL NAME OF CHILD Milton Hucak Donald
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	July 12th 1922

What bactericidal solution was used in eyes? Credes solution

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Earl Percy Donald	FULL MAIDEN NAME	Pearl Melvina Shortridge
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Scotland	BIRTHPLACE	Idaho
OCCUPATION	Student	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the ~~birth~~ of this child, who was born alive (Born alive or stillborn), at 1.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lolus Bauck M.D.
(Physician or midwife)

Address Boise Ida

Filed 7-24 1922 R. H. Hart
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH Amended 10-26-56

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 413-217-001-229 St. Registration District No. 2 File No. 102948

Hospital St. Luke's Primary Registration District No. 1004 Registered No. 303

FULL NAME OF CHILD DOROTHY ROBERTA MacNamara
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	July 17, 1922

What bacteriocidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Roy Thomas MacNamara	FULL MAIDEN NAME: Martha Katherine Skillern
RESIDENCE: Buhl, Idaho	RESIDENCE: Buhl, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Tenn.
OCCUPATION: Sheepman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

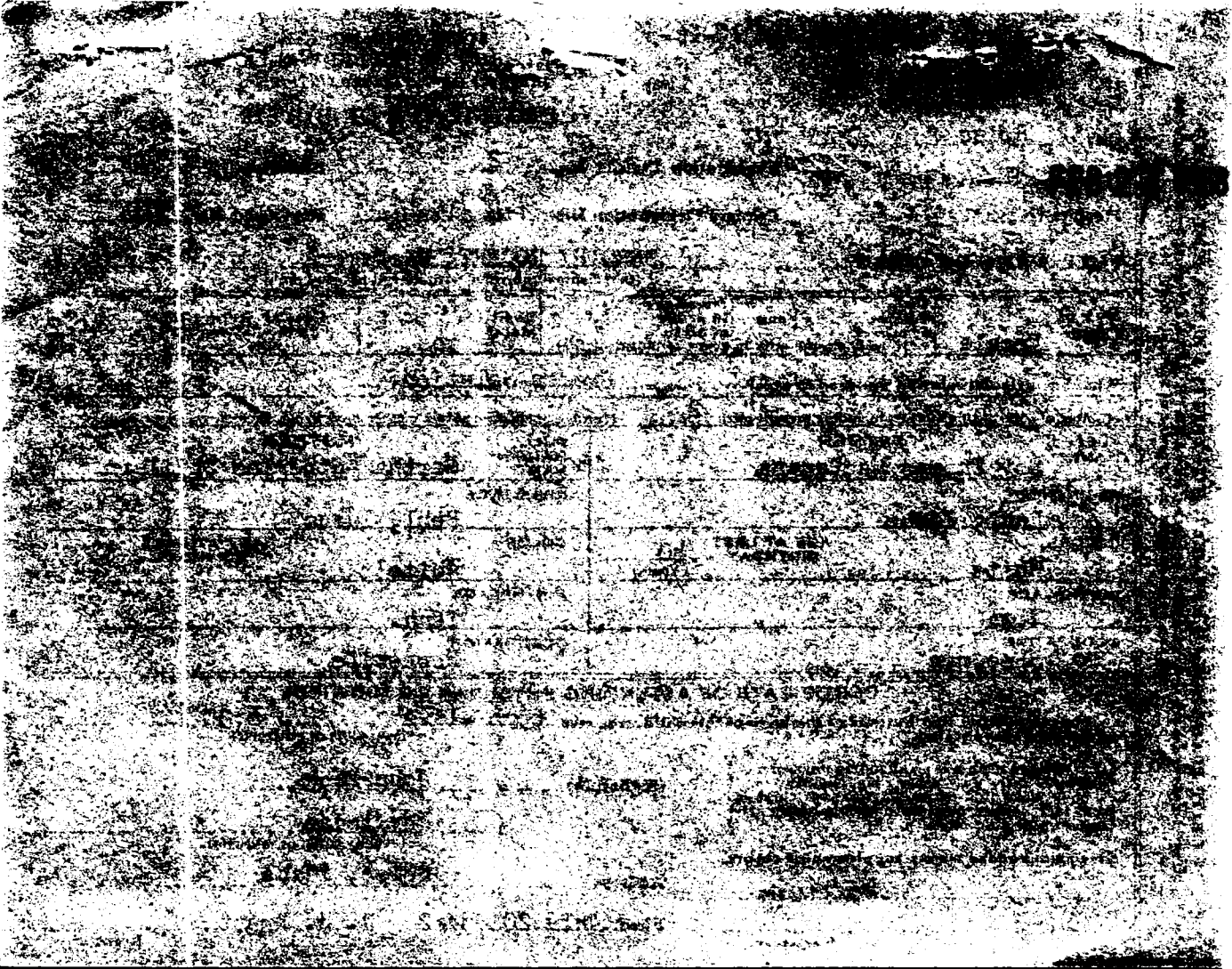
(Signature) John Beck

Physician
(Physician or midwife)

Address Boise, Idaho

Filed July 20 1922 R. H. Pratt Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 102948

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Dorothy Roberta McNamara (Name on Original Certificate) who was born (Was Born or Died) on July 17, 1922 (Date of Event) in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal record (Bible Record, Insurance Policy, Etc.) prepared on Jan. 28, 1923 (Give Date), are: Registration certificate Sept. 12, 1918 Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's last name	McNamara	MacNamara
Father's last name	McNamara	MacNamara

Subscribed and sworn to before me this 26th day of October 1956

Muriel M. Murray
Notary Public, residing at Boise, Idaho
My commission expires July 1, 1959
(Seal)

Signed Kate MacNamara
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of October 1956

Muriel M. Murray
Notary Public, residing at Boise, Idaho
My commission expires July 1, 1959
(Seal)

Signed Bertha Skillern
(Signature of Any Credible Person)

100 Main, Boise, Idaho
(Street Address, City, State)

FORM DPH. 55. 155

PLACE OF BIRTH

415-117-001-799

County of Ada

City of Boise

No. _____ St.

Hospital St. Luke's

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 2 1004 File No. 102949

Primary Registration District No. 8008 Registered No. 302

FULL NAME OF CHILD Eugene Walter Danzer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 17 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ernest R. Danzer	FULL MAIDEN NAME	Ruby J. Grimes
RESIDENCE	Gary Sta., Boise, Idaho	RESIDENCE	Gary Sta., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.00 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxtan M.D.
(Physician or midwife)

Address Boise, Idaho

Filed July 14 1922 R. H. Park
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Lewis } ss.

Certificate No 102949

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for EUGENE WALTER DANZER (Name on Original Certificate) who born (Was Born or Died) on June 17 - 1922 (Date of Event)
in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on April 20 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Eugene Walter Danzer

Subscribed and sworn to before me this 20th
day of April, 19 44

A.B. Eastmen
Notary Public, residing at Winlock
My commission expires Nov. 16, 1947
(Seal)

Signed Ruby Jane (Danger) Wisbey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) mother

Rt.1, Kelso, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 27 1944

787-117
001-859

PL[redacted]TH

[redacted]E OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of [redacted]

Registration District No. 2

File No. 102950

No. 10[redacted]ock St.

Primary Registration District No. 1004

Registered No. 301

Hospital [redacted]kes

Full Name of Child Robert Herington Cyper

SEX OF CHILD male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH July 17 1922 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	~~Roy~~ Roi Mark Cyper	Doris Ella Herington
RESIDENCE	711 Franklin St. Boise	711 Franklin St. Boise
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Utah, Logan	Moscow, Idaho
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise Idaho

Filed July 20 1922 R. H. Pratt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

2 2 1950

PLACE OF BIRTH

437-215-001-336

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of

No. Registration District No. 2 File No. 102951

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 300

FULL NAME OF CHILD Mc. Garry. Louise Janice
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		2	yes	7 15 1922

What bacteriocidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Mc Garry. Wm E	FULL MAIDEN NAME	Lloyd. Beatrice
RESIDENCE	1608 N-8th. Boise	RESIDENCE	—
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Boston. Mass	BIRTHPLACE	Boston. Mass
OCCUPATION	Bldg Loans	OCCUPATION	—

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 9.45-P **M.**
(Born alive or stillborn)
on the date above stated.

(Signature) Chas. V. Sweeney

(Physician or ~~midwife~~)

Address Overland Bldg

Filed July 21 1922 R. H. Park, Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14

913-112-001-331

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1201 N 7th St.

Registration District No. 2

File No. 102952

Primary Registration District No. 1004

Registered No. 299

Hospital

FULL NAME OF CHILD Donald Edwin Raley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	June 12 1922

FATHER

FULL NAME George Edwin Raley

RESIDENCE 1201 N 7th Boise Ida

COLOR White

AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Ida

OCCUPATION Paperhanger

MOTHER

FULL MAIDEN NAME Mildred Clark

RESIDENCE 1201 N. 7th Boise Ida

COLOR White

AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Wash

OCCUPATION Houseke

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive June 12, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. L. Anthony

Physician

(Physician or midwife)

Address Boise Ida

Given names added from a supplemental report.

19

Registrar

Filed July 14 1922 R. M. Park

Registrar

219-219-001 219-111-001-816

PLACE OF BIRTH

RECEIVED AUG 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF ~~BIRTH~~

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. 2 8 1004

Primary Registration District No. ~~2008~~

File No. 102953

Registered No. 278

FULL NAME OF CHILD Axel Peter Kamegaard

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	July 11 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Kamegaard	FULL MAIDEN NAME	Marie J Hansen
RESIDENCE	near Melba, Idaho	RESIDENCE	near Melba, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2:30 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bauch

(Physician or midwife)

Address Boise Ida

Filed July 20 1922 R. N. Pratt Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 19[illegible]

PLACE OF BIRTH 893-111-001-792

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 2 1922 BUREAU

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2 File No. 102954

Primary Registration District No. 1004 Registered No. 297

FULL NAME OF CHILD Turney Gibson Hitler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) July 11 (Day) 1922 (Year)
M		Yes	

What bactericidal solution was used in eyes? 1% Sol Argent Nit OC Nitrate of Silver

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Turney G. Hitler	FULL MAIDEN NAME	Agnes Gibson
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ohio	BIRTHPLACE	Colorado
OCCUPATION	Ry. Conductor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was July 11th, at 11 30 A M. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R Numbers Sr
(Physician or midwife)

Address Boise Idaho

Filed July 14 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1948

281-111-001-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 28th Hill Rd St.

Registration District No. 2

File No. 102955

Hospital

Primary Registration District No. 1004

Registered No. 296

FULL NAME OF CHILD Alvin M. Shaul

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	July 11 1922

What bactericidal solution was used in eyes? neo silvol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	E A Shaul	FULL MAIDEN NAME	Iona Colver
RESIDENCE	28th & Hill Road	RESIDENCE	28th & Hill Rd
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Oklahoma	BIRTHPLACE	Washington
OCCUPATION	farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 10:20 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Parker

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 303 McCarty Bldg

Filed July 22 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1942

991-110-001-944

PLACE OF BIRTH

Amended 2-16-77

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 8

File No. 102956

Hospital St Alphonsus

Primary Registration District No. 1004

Registered No. 295

FULL NAME OF CHILD Easter Iraolagoitia

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	July 10 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Iraolagoitia	FULL MAIDEN NAME	Mary Idueta
RESIDENCE	Hyslip Ranch - Nampa	RESIDENCE	Hyslip Ranch - Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) John Bouch

(Physician or midwife)

Address Boise Ida

Filed July 20 1922 R. M. Hall
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1977

Dup of 1922-126380

DUP OF 1922-126380

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 16 4 13 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 102956

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Castor Eraobtelettia (Name on Original Certificate) who was born (Was Born or Died) on July 10, 1922 (Date of Event)

in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Birth certificate & Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs last name	Eraobtelettia	Iraolagoitia
Mother's maiden name	Edoeta	Idueta

Subscribed and sworn to before me this 16th day of February, 19 77

Florence Curtright
Notary Public, residing at Boise
My commission expires 4-20-77
(Seal)

Signed Joe Zuizaveta
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Certificate of birth for father gives name spelled correctly. Certificate issued by the ministerio De Justicia # 164672 states that his father was born in Spain and his name was Juan Francisco Iraolagoitia.
Viewed by V.S.

Certificate of ~~birth~~ Baptism for mother gives her name spelled correctly and was issued
Jan 12,1977 by the Minister Antonio Leon De Eraso. Spain. Mother's name is spelled Maria Josefa Idueta. # 3c1973 - Reg. # Baptized 1889 Mother baptized 1899.
Viewed by V.S

NOV 5 1985

851-110-001-569

PLACE OF BIRTH

~~591-110-001-546~~

RECEIVED
AUG 2 1922
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 102957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Ada

City of Boise

No. 2220 Harrison Blvd

Registration District No. 2

Hospital

Primary Registration District No. 1004

Registered No. 294

FULL NAME OF CHILD Verle Ward Heath Jr.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	No (To be answered only in event of plural births)	1	Yes	July 10 1922

What bacterieidal solution was used in eyes? Solution Boric Acid

Number of child of this mother, including present birth One. Number of child of this mother now living, including present birth One.

FATHER		MOTHER	
FULL NAME	Verle Ward Heath	FULL MAIDEN NAME	Margarett Lucille Norwood
RESIDENCE	2220 Harrison Blvd	RESIDENCE	2220 Harrison Blvd
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Chillicothe Mo.	BIRTHPLACE	Macon Mississippi
OCCUPATION	Mechanic	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born July 10 1922 at 9 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Mrs Clara Hofman
midwife
(Physician or midwife)

Address 613 S. 13 Street

Filed July 17 1922 R. S. Todd
Registrar.

OCT 20 1964

819-209-001-367

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 106 Bannock St.

Hospital St. Lukes

Registration District No. 2

File No. 102958

Primary Registration District No. 1004

Registered No. 293

Full Name of Child Katharine Cornelia Hart

SEX OF CHILD Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | DATE OF BIRTH July 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Irving Warren Hart	FULL MAIDEN NAME	Helen Louise Logan
RESIDENCE	1208 N. 12th St. Boise	RESIDENCE	1208 N. 12th St. Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Boise	BIRTHPLACE	Boise
OCCUPATION	Newspaper reporter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Smith

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise Idaho

Filed July 20 1922

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 12 19

583-109-001-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. 1316 N. 21 St.
Hospital
Registration District No. 2
Primary Registration District No. 1004
File No. 102959
Registered No. 292

FULL NAME OF CHILD Harold Warren Eytchison
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				Yes	July 9 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edgar A. Eytchison	FULL MAIDEN NAME	Nora B. Brown
RESIDENCE	1316 N. 21st St, Boise, Idaho	RESIDENCE	1316 N. 21st St, Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 20 p. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxtan M.D.
(Physician or midwife)

Address Boise, Idaho.

Filed July 17 1922 R. N. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 29 1945
OCT 18 1942
JUN 15 1951

PLACE OF BIRTH 914-109-001-251

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. ..... St.
Hospital St Lukes

Registration District No. 2 File No. 102960
Primary Registration District No. 1004 Registered No. 294

FULL NAME OF CHILD "Baby" Radloff {died 2d day without being named}
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	July 9 1922

What bactericidal solution was used in eyes? Silver Nit 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry L. Radloff	FULL MAIDEN NAME	Muriel Beamer
RESIDENCE	Boise	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mich	BIRTHPLACE	Idaho
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was July 9th at 12:15 a. M. on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers
(Physician or midwife)

Address Boise Idaho

Filed July 14 1922 R H Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-206-001-349

PLACE OF BIRTH

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. _____ St.
Registration District No. 8 2 1004
File No. 102961
Hospital St. Alphonsus Primary Registration District No. 2008 Registered No. 290

FULL NAME OF CHILD Helene Louise Friedly
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	July 6 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Waldo R. Friedly	FULL MAIDEN NAME	Grace H. Curtis
RESIDENCE	R. D. #1, Boise, Idaho	RESIDENCE	R. D. #1, Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Machinist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 50 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. M. Braxton M.D.
(Physician or midwife)

Address Boise, Idaho

Filed July 17 1922 R. A. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 22 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

517-201-001-235

County of Ada

City of Boise

No. ——

Hospital St. Alphonsus

RECEIVED AUG 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~8~~ 2 File No. 102962

Primary Registration District No. ~~2008~~ 1004 Registered No. 289

FULL NAME OF CHILD Helen Ione Eagles
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	July 1, 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James Eagles,	FULL MAIDEN NAME	Elle Mina Stenfors,
RESIDENCE	Bench, Boise, Idaho	RESIDENCE	Bench, Boise, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.05 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Braxton
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Boise, Idaho.

Filed July 17 1922 R. H. Pratt.
Registrar.

C
DEC 2 8 1948
APR 1 9 1951

299-101-001-693

PLACE OF BIRTH

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 102963

No. ..... St.

Hospital St Alphonsus

Primary Registration District No. 1004

Registered No. 288

FULL NAME OF CHILD Carlyle Wilkie Briggs

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	July	1	1922

FATHER

FULL NAME: Raymond F. Briggs

RESIDENCE: Boise Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Weltha Wiona Wilkie

RESIDENCE: Boise Ida

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Ind

OCCUPATION: School Teacher

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.3 a M. on the date above stated. July 1 1922

(Signature) Dr C L Armstrong

Physician

(Physician or midwife)

Address Boise Idaho

Filed July 14 1922

P H Peck
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1942

MAY 9 1944

PLACE OF BIRTH

217-130-001-713

RECEIVED

AUG 2 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Registration District No. 2

File No. 102964

Hospital St. Luke's

Primary Registration District No. ~~2005~~ 1004

Registered No. 287

FULL NAME OF CHILD Richard Saxton

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	June 30 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Wm. W. Saxton	FULL MAIDEN NAME	Dollie J. Sachs
RESIDENCE	Ola, Idaho	RESIDENCE	Ola, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 5:50 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Saylor M.D.

(Physician or midwife)

Address Boise

Filed July 14 1922 R. M. Pratt

Registrar.

Givenames added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

4

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 915-128-001-2

RECEIVED AUG 2 1922 BUREAU STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 5 St.

Hospital St Lukes

Registration District No. 2

File No. 102965

Primary Registration District No. 1004

Registered No. 286

FULL NAME OF CHILD Thomas Randolph
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	June 29 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Thos. P Randolph	FULL MAIDEN NAME	Signa E Schinnes
RESIDENCE	1507 Washington	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Norway	BIRTHPLACE	Ill
OCCUPATION	Piano Tuner	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck
(Physician ~~or midwife~~)

Address 303 McCarty Bldg

Filed July 14 1922 R. H. Hall
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

248-226-001-748

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 102966

No. ..... St.

Hospital St Lukes

Primary Registration District No. 1004 Registered No. 785

FULL NAME OF CHILD Evelyn Francis Swydan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	1	yes	6 20 1922

FATHER	MOTHER
FULL NAME: Floyd T. Swydan	FULL MAIDEN NAME: Sarah Swydat
RESIDENCE: Boise Idaho	RESIDENCE: Boise
COLOR: W. AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Ill
OCCUPATION: Travelling man	OCCUPATION: Hsd

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) Walter Calloway

Physician
(Physician or midwife)

Address Boise Idaho

Filed July 14 1922 R.V. Pratt Registrar

... WITH UNFADING INK—THIS IS A PERMANENT RECORD
... case of more than one child at birth a SEPARATE RETURN must be made for each
and the number of each, in order of birth stated.

994-222-001-389

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Garfield School Registration District No. 2 File No. 102967

Hospital Primary Registration District No. 1004 Registered No. 4

FULL NAME OF CHILD Harriet Fern Zimmer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		YES	July 22 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Otto C Zimmer	FULL MAIDEN NAME	Martha A Christian
RESIDENCE	near Garfield School	RESIDENCE	near Garfield School
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	North Dakota
OCCUPATION	Printer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouck
(Physician or midwife)

Address Boise Ida

Filed July 31 1922 R. N. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
JUG 11 19[illegible]
BUREAU OF [illegible]
STATISTICS

STA[illegible] 40

DEPARTMENT [illegible]RE

AUG 7 [illegible]

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: East Highlands

County: Ada

File Number: 102967

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: July 22 192[illegible]

Father: Otto Cleveland Zimmer (Full Name)

Mother: Martha Anna Christian (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Harriette Fern Zimmer
Child's Name in Full

Mrs. Otto C. Zimmer
Signature of Father or Mother

JUN 1 4 1966

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

319-106-001-214

PLACE OF BIRTH

RECEIVED AUG 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. Near Collister Sta. Registration District No. 8 File No. 102968
Hospital ——— Primary Registration District No. 2008 Registered No. 4 4

FULL NAME OF CHILD [redacted] Junior M. Stanley Larson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	and		Yes	July 6, 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 12

FATHER		MOTHER	
FULL NAME	E. J. Larson	FULL MAIDEN NAME	Florence C. Samuelson
RESIDENCE	Collister Sta. Boise, Idaho	RESIDENCE	Collister Sta., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19....

..... Registrar.

(Signature) E. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Filed July 14 1922 R. H. Hall Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia }

Certificate No. 102968
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Junior Stanley Larson (Name on original certificate) who born (Was born or died) on July 6, 1922 (Date of event)
in Burley Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on Sept. 10, 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", etc.)	FROM (As on original)	TO (The correct facts)
Name	Eric Junior Martenlarson	Junior Stanley Larson

Subscribed and sworn to before me this 17 day of May, 19 47

Henry W. Parker
Notary Public, residing at Burley
My commission expires June 1, 1948
[SEAL]

Signed F. Davis Larson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person)
Burley, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Cassia }

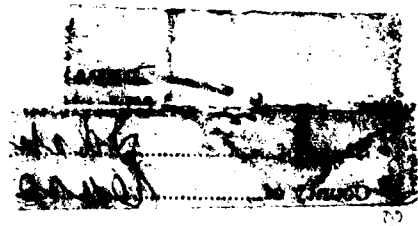
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of May, 19 47

Henry W. Parker
Notary Public, residing at Burley, Ida.
My commission expires June 1, 1948
[SEAL]

Signed Chas W. Larson
(Signature of any credible person other than the previous affiant)
Rt. 3. Burley Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)



APR 30 1971

28/41. W.D.

366-218-001-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of near Eagle

No. ..... St.

Registration District No. 8 File No. 102969

Hospital ..... Primary Registration District No. 2008 Registered No. 45

FULL NAME OF CHILD Katherine Lucille Lower
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	July 18 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	O O Lower	FULL MAIDEN NAME	Ethel Smith
RESIDENCE	near Eagle.	RESIDENCE	near Eagle.
COLOR	White. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Nebr.
OCCUPATION	farmer	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive at 8.30 A M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock
(Physician ~~or midwife~~)

Address Boise Ida

Filed July 22 1923 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1957

PLACE OF BIRTH 791-210-001-439

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Star
No. ..... St.
Registration District No. 8 File No. 102971
Hospital ..... Primary Registration District No. 2008 Registered No. 47

FULL NAME OF CHILD Doris Merle Gray
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	July 10 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth ....

FATHER		MOTHER	
FULL NAME	Eugene F. Gray	FULL MAIDEN NAME	Lura E McIntire
RESIDENCE	near Star	RESIDENCE	near Star
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Star, Idaho	BIRTHPLACE	Blackwater, Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 3-4 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Boise, Idaho

Filed July 26 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

412-122-001-234

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1110 Vermont St.

Registration District No. 2 File No. 102972

Hospital

Primary Registration District No. 1004 Registered No. 317

FULL NAME OF CHILD Leo Leslie Mabee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	July 22 1922

What bactericidal solution was used in eyes? Credes' Solution

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Oliver Leo Mabee	FULL MAIDEN NAME	Dolly Viola Shirley
RESIDENCE	1110 Vermont St.	RESIDENCE	1110 Vermont St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kansas	BIRTHPLACE	Ida.
OCCUPATION	machinest.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4.15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boone Ida

Filed July 31 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 318-123-001-168

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 2 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. 1009 N 12 St. Registration District No. 2 File No. 102973

Hospital Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Donald George Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	July 23d 1922

What bactericidal solution was used in eyes? Credes solution

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph Vernon Taylor	FULL MAIDEN NAME	Evalena Mae Johnson
RESIDENCE	1009 N 12	RESIDENCE	1009 N 12
COLOR	White AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive at 5:55 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise Ida

Filed July 31 1922 R. H. [signature]
Registrar.

IS WHY A CERTIFICA
AND THE SAME CO

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 1009 N 12th

County: Ada

File Number: 102973

Registration Dist. No.: 11

Sex of Child: Male

Date of Birth: July 23 1922

Father: Joseph Vernon Taylor (Full Name)

Mother: Evalena Mae Johnson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Donald George Taylor

Child's Name in Full

Mrs. Jos. V. Taylor

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

364-209-001-463

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUL 31 1922
BUREAU OF VITAL STATISTICS

County of Ada
City of Boise
No. 412 Lincoln St. Registration District No. 2 File No. 102974
Hospital Primary Registration District No. 1004 Registered No. 315

FULL NAME OF CHILD Grace Harriet Cody
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Femal			Yes	July 9 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Royal Cody	FULL MAIDEN NAME	Grace Edith Dolan
RESIDENCE	Boise Idaho	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	California	BIRTHPLACE	South Dakota
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7.20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. M. Forlsch M.D.
(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19.....

Filed July 31 1922 R. H. Roth
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 22 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-219-001-633

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 2 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. 1707 N 12th St. Registration District No. 2 File No. 102975

Hospital Primary Registration District No. 1004 Registered No. 314

FULL NAME OF CHILD Delvena McKie
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes.	July 19 1922

What bacteriecidal solution was used in eyes? Credes Solution -

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	M. McKie - 1	FULL MAIDEN NAME	Rena B. Otto
RESIDENCE	1707 N 12	RESIDENCE	1707 N 12
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mo -	BIRTHPLACE	Idaho -
OCCUPATION	Laborer	OCCUPATION	Housewife -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive - at 5 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or midwife)

Address Boise Idaho

Filed July 31 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SH
E FILED FOR EACH CHILD AND THE SAME COMPLETED WITH

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 1707 N. 12

County:

File Number: 102975

Registration Dist. No.:

Sex of Child: Female

Date of Birth: July 19 1922

Father: Martin Delbert McKie (Full Name)

Mother: Rena Bernice Otto (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Delorna McKie
Child's Name in Full

Mrs Rena McKie
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

245-230-001-599

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 2 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. 316 W. Bannock

Registration District No. _____ File No. 102976

Hospital _____ Primary Registration District No. _____ Registered No. 3 3

FULL NAME OF CHILD Anna Louise Smeade
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fe		Yes	7/30 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charley W. Smeade	FULL MAIDEN NAME	Eva Neoma Erickson
RESIDENCE	316 W. Bannock	RESIDENCE	316 W. Bannock
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Ore
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 05 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pittenger Ex
Physician
(Physician or midwife)

Address Boise Idaho

Filed _____ 1922 _____
Registrar.

Give names added from a supplemental report.

_____, 19____

_____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 4 1943

PLACE OF BIRTH

296-230-001-386

RECEIVED

AUG 2 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 401 So. 10½ St. Registration District No. File No. 102977

Hospital Primary Registration District No. Registered No. 5121

FULL NAME OF CHILD Helen Elizabeth Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet — or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 20th 1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ralph K Brown	FULL MAIDEN NAME	Medell E. Thompson
RESIDENCE	401 So 10½ St	RESIDENCE	401 So 10½ St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, (Born alive or stillborn) **at** 7:00 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Taylor M.D.
(Physician or midwife)

Address

Give names added from a supplemental report.

19

7-27-31
Registrar.

Filed July 31 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 412-229-001-155

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1223 E. State St.

Hospital

AUG 3 1922
BUREAU OF VITAL STATISTICS

Registration District No. 2

Primary Registration District No. 1004

File No. 102978

Registered No. 311

Full Name of Child PEGGIE LEA Massey

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F		Yes	7 29 22

FATHER		MOTHER	
FULL NAME	L. M. Massey	FULL MAIDEN NAME	Leona Jess
RESIDENCE	Grand View Idaho	RESIDENCE	Grand View Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	N. D.	BIRTHPLACE	Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Higgs M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address 402 Idaho Bldg.

Filed July 31 1922 R. H. Pratt
Registrar

...D FOR BINDING
...ADING INK—THIS IS A PERMANENT RECORD
...ld at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. [illegible]

Primary Registration District No. .....

Full Name of Child

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	Number and in order of birth	Legitimate?
FULL NAME	FATHER		FULL MAIDEN NAME
RESIDENCE			RESIDEN
COLOR	AGE AT LAST BIRTHDAY (Years)		COLOR
BIRTHPLACE			BIRTH
OCCUPATION			OCC

Number of child of this mother, including present birth ..... Number of

CERTIFICATE OF ATTENDING PHYSICIAN

I certify that I attended the birth of this child, who was ..... (Born alive or ..... M.
above stated.

I was no attending physician or
the father, householder, etc.
return. A stillborn child is
neither nor shows other evi-

(Signature) .....

(Physician or midwife)

supplemental report

..... 19 ..... Address .....

..... Filed ..... 19 .....

Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of UTAH } ss. Certificate No. 102978

County of SALT LAKE } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN ~~OR DIED~~) on 7-29-1922 (DATE OF EVENT)

in BOISE, IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by HIGH School Diploma (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 1940 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	PEGGIE LEA MASSEY

(Please give daughter's full and correct name in colum to right)

Subscribed and sworn to before me this 9th day of MARCH, 1943

L. D. Sams

Notary Public, residing at SALT LAKE CITY

My commission expires 12-19-45 (SEAL)

Signed Leona A. Massey (mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1132 EMERSON AVE SALT LAKE CITY UTAH

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH } ss.

County of SALT LAKE

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of MARCH, 1943

L. D. Sams

Notary Public, residing at Salt Lake City

My commission expires 12-19-45 (SEAL)

Signed Sarah Brisley

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1118 Roosevelt Ave

(STREET ADDRESS, CITY, STATE)

SALT LAKE CITY, UTAH

Received for filing on By

(REGISTRAR'S SIGNATURE)

MAR 1 3 1943

APR 9 1971

652-226-001-959

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 2 1922 BUREAU OF VITAL STATISTICS

County of Ada
City of Boise
No. 1019 N 9
Hospital St Alphonsus

Registration District No. 2 File No. 102979
Primary Registration District No. 1004 Registered No. 310

FULL NAME OF CHILD Rita Cecilia Weber
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fe		Yes	7/26 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Henry Weber	FULL MAIDEN NAME	Cecilia MARY EIDEN
RESIDENCE	1009 N 9	RESIDENCE	1009 N 9
COLOR	W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Luxenburg Europe
OCCUPATION	Veterinary Surgeon	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pullenger
Physician
(Physician or midwife)

Address Boise Idaho

Filed July 29 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

GENERAL [illegible] ONS WHY

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 1005 - N. 9 Street

County: Ada

File Number: 102979

Registration Dist. No.: Dist No 10

Sex of Child: Female

Date of Birth: July 26 1922

Father: John Henry Weber (Full Name)

Mother: Cecilia Mary Eiden (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Rita Cecilia Weber

Child's Name in Full

Mrs L. H. Weber

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

NOV 30 19

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 281-124-001-819

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 2 1922 BUREAU OF VITAL

County of Ada

City of Boise

No. 214 Myrtle St.

Hospital

Registration District No. 2

File No. 102980

Primary Registration District No. 1004

Registered No. 309

Full Name of Child Kenneth Ray ~~Shaul~~ Shaul

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
M		Yes	7 (Month) 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Howard Shaul Shaul	FULL MAIDEN NAME	Ethel Harvey
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oaklahoma	BIRTHPLACE	Pa.
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 230 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs

M D
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address 402 Idaho Bldg, Boise Ida

Filed July 2 1922

A. N. Pratt
Registrar

PLACE OF BIRTH

County of

NOV 13 1968

Hospital

Full Name of Child

SEX OF CHILD

Twin
Triplet
or (Specify)

FULL NAME

FATHER

FULL MAIDEN NAME

RES. DEBCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

Given names added from a supplemental report

19

Registrar

(Physician or midwife)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N B.—In case of twin or triplet, a SEPARATE RETURN must be made for each child, stating in order of birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

763-212-001-343

RECEIVED AUG 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102981

County of

City of

No. St. Registration District No. 2 File No.

Hospital Primary Registration District No. 1004 Registered No. 308

FULL NAME OF CHILD Jean Goldman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1 (To be answered only in event of plural births)	Yes	7 12 1922

What bactericidal solution was used in eyes? Silver nitrate 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Luther J Goldman	FULL MAIDEN NAME	Edna Cutts
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	California	BIRTHPLACE	Idaho
OCCUPATION	U S Government Predatory Animal	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collister

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed July 24 1922 R. H. Pratt
Registrar.

APR 8 1965

PLACE OF BIRTH
955-211-001-289

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 507 N 15 St. Registration District No. 2 File No. 102982

Hospital _____ Primary Registration District No. 1004 Registered No. 307

FULL NAME OF CHILD Gladys Martha Reese
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	July 11 - 1922

What bactericidal solution was used in eyes? Credes solution

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	J M Reese	FULL MAIDEN NAME	Martha Shiffman
RESIDENCE	507 N 15	RESIDENCE	507 N 15
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	contractor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 A M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Address Boise Ida

Filed July 29 1922 R. H. Pratt
Registrar

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

VERAL REASONS WHY A CERT

H CH D THE S

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 507 North 15th

County:

File Number: 102982

Registration Dist. No.:

Sex of Child: Female

Date of Birth: July 11 1922

Father: Geo M. Reese (Full Name)

Mother: Martha Schiffman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gladys Martha Reese
Child's Name in Full

Martha S. Reese
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

231-217-001-993

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1617 N 24 St. Registration District No. 2 File No. 102983

Hospital The Salvation Army Maternity Home Primary Registration District No. 1004 Registered No. 305

FULL NAME OF CHILD Edith Evangeline Blackwell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— and	1	Yes	July 17 1922

What bactericidal solution was used in eyes? Yes. 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thomas Blackwell	FULL MAIDEN NAME	Edith Rich
RESIDENCE	409 Main St Boise	RESIDENCE	409 Main St Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Boise	BIRTHPLACE	Albany Ida
OCCUPATION	Labour	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe B Ward

Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7-22 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

219-117-001-291

RECEIVED AUG 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 908 State St.

Registration District No. 2 File No. 102984

Hospital ——

Primary Registration District No. 1004 Registered No. 304

FULL NAME OF CHILD Joseph Arthur Baird
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	June 17, 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jesse H. Baird	FULL MAIDEN NAME	Susanna A. Bragstad
RESIDENCE	908 State St., Boise, Idaho	RESIDENCE	908 State St., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Penn.	BIRTHPLACE	South Dakota
OCCUPATION	Minister	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:20 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise, Idaho.

Filed July 14 1922 R. H. Pratt
Registrar.

SEP 18 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 419-116-001-819

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102985

County of Ada
City of Eagle
No. N. of Linder Sta. Registration District No. 9+10 File No. 24
Hospital ——— Primary Registration District No. 9+10 Registered No. 27

FULL NAME OF CHILD Leo Harvey Marshall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	June 16 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2. Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Lorenzo Marshall	FULL MAIDEN NAME Nettie L. Harris
RESIDENCE N. of Linder Sta., Eagle, Ida.	RESIDENCE N. of Linder Sta., Eagle, Ida.
COLOR W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 15 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Filed July 1 1922 Emily Jordan
Eagle Idaho
Registrar.

STATE OF IDAHO

BOARD OF HEALTH - BUREAU OF VITAL STATISTICS

SUPPLEMENTAL R

Form V. S. No. 27B—5m-1-13

107985

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

RECEIVED
SEP 2 1922
BUREAU OF VITAL STATISTICS

Place of Birth

City: Eagle

Street and House No.: N of Linder Station

County: Ada

Registered No.: 24

Registration Dist. No.: 9+1

Sex of Child: Male

Date of Birth: June 16 1922
MONTH DAY YEAR

Father: Lorenzo Marshall
FULL NAME

Mother: Nettie L. Harris
FULL MAIDEN NAME

I Hereby Certify that the child described herei
has been named:

Leo, Harvey Marshall
GIVEN NAME IN FULL SURNAME

as reported by Nettie L. Marshall
FATHER OR MOTHER

Orville Jackson
LOCAL REGISTRAR

Eagle Idah

JAN 27 1942

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

396-129-001-591

RECEIVED
AUG 1 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102986

County of Ada

City of Boise

Registration District No. 9+10 File No. 26

No. ..... St.

Primary Registration District No. 9+10 Registered No. 26

Hospital St Lukes

FULL NAME OF CHILD Carl Eugene Transue

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 29 1922

FATHER		MOTHER	
FULL NAME	Silas Henry Transue	FULL MAIDEN NAME	Mary Silvia Viarne
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5. P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Hall

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Eagle

Registrar.

Filed July 10 1922 Orville Jackson Registrar.
Eagle Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 3 1972

433-222-001-141

RECEIVED
AUG 1 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102987

County of Ada

City of Eagle

Registration District No. 9+10 File No. 25

No. St.

Primary Registration District No. 9+10 Registered No. 25

Hospital Home

FULL NAME OF CHILD Anna Elaine McPherson

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 6 (Month) 22 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	George Wilbur McPherson	FULL MAIDEN NAME	Nellie Geneva Adams.
RESIDENCE	Eagle. Idaho	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Centerville. Iowa.	BIRTHPLACE	Wilson. Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 to 12 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary C. Addington.
Stat. Idaho.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Eo

Filed July 10 1922 Orville Jackson
Registrar
Eagle Idaho

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 4 1943

APR 5 1963

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102988

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

County of Ada
City of Meridian
No. 437-205 619
Registration District No. 11
File No.
Hospital
Primary Registration District No. 11
Registered No. 28

FULL NAME OF CHILD Ruth Katharine McGrath
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
				Yes	2 5 1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Roy A. McGrath	FULL MAIDEN NAME	Novella M. Ware
RESIDENCE	Meridian Ada	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal
M. D.
(Physician or midwife)

Address Meridian Idaho

Give names added from a supplemental report.

July 8, 1922
H. F. Neal
Registrar.

Filed 7-7-1922 H F Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

437-103-004-367

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102989

County of Ada RECD JUL 12 BUREAU OF VITAL STATISTICS

City of Meridian

No. R. F. D. 2

Registration District No. 11

File No.

Hospital

Primary Registration District No.

Registered No. 29

FULL NAME OF CHILD Ray Neal McPherson.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	May 3 1922

What bactericidal solution was used in eyes? 1% Sol. Silver Nitrate

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chas. P. McPherson	FULL MAIDEN NAME	Anna May Cox
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal M. D.
(Physician or midwife)

Address Meridian Idaho.

Give names added from a supplemental report.

....., 192.....

Filed 7-7 1923 H. F. Neal
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1967

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

619-107
dd-386

County of Ada

City of Meridian

No. ..... St.

Hospital .....

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11

File No. 102990

Primary Registration District No. .....

Registered No. 30

FULL NAME OF CHILD Richard Eldon Ward

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	May 17, 1922

What bactericidal solution was used in eyes? 1% Solution Silver Nitrate

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	James L. Ward	FULL MAIDEN NAME	Nellie May Thomas
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) J. F. Neal

M. D.
(Physician or midwife)

Address Meridian Idaho

Filed 7-7 1922 J. F. Neal
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 102990

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthdate	May 6, 1922	May 7, 1922
name	Richard Ward	Richard Eldon Ward

Subscribed and sworn to before me this 28th
day of September, 1942

Notary Public, residing at Caldwell Idaho

My commission expires 3-15-1945
(Seal)

Signed L. L. Ward
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 2 9 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

122-209
001-951

County of Ada

City of Meridian

No. R.D. 3.

Hospital

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. \ File No. 102991

Primary Registration District No. Registered No. 31

FULL NAME OF CHILD Rachel May Asbury
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	5 9 1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Robert T. Asbury	FULL MAIDEN NAME	Ida M. Rea
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

M. D.
(Physician or midwife)

Address Meridian Idaho

Filed 7-7 1922 H F Neal
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

MAR 16 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 13 1922 BUREAU OF VITAL STATISTICS

County of Ada
City of Meridian
No. 643-103-001-284 St.
Registration District No. 11
File No. 102993
Hospital
Primary Registration District No.
Registered No. 33

FULL NAME OF CHILD Aaron Darrell Fulcher
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 192 (Year)
Male		yes	6 3 192 2

What bactericidal solution was used in eyes? 1% Sol. Silver Nitrati

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Carl C. Fulcher	FULL MAIDEN NAME	Ethel A. Spurgon
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	Oklahoma
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a. m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H F Neal
M. D.
(Physician or midwife)
Address Meridian Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 7-7 1922 H F Neal Registrar.

2/7/41 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Meridian

No. 551-203-001-551 St.

RECEIVED JUL 12 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 102994

Hospital Primary Registration District No. Registered No. 34

FULL NAME OF CHILD Lela Pearl Virginia Neal
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth

Legitimate? Yes

Date of birth (Month) 6 (Day) 3 1922 (Year)

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER

FULL NAME Ed Alango Neal

RESIDENCE Meridian Idaho

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Washington

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Pearl Virginia Neal

RESIDENCE Meridian

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE California

OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive at 11:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal M. D.
(Physician or midwife)

Address Meridian Idaho

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed 7-2 1922 H F Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
319-104-001-962
County of Ada
City of Meridian
No. R D 2 St.
Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11
Primary Registration District No.
File No. 102995
Registered No. 35

FULL NAME OF CHILD Robert Dean LaRue
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	6 4 1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrati

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Roy D. LaRue	FULL MAIDEN NAME	Daisy M. Roberts
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H F Neal
M. D.
(Physician or midwife)
Address Meridian Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 7-7 1922 H F Neal
Registrar.

AUG 12 1968

MAY 5 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIR[redacted]ATE OF IDAHO

552-207-001-[redacted] OF PUBLIC WELFARE

OF VITAL STATISTICS

County of Ada[redacted]CATE OF BIRTH

City of Merid[redacted]

No. R.D. 3[redacted] File No. 102996

STATISTICS

Hospital ..... Primary Registration District No. ..... Registered No. 36

FULL NAME OF CHILD Rose Mary ~~Nebergall~~ Nebergall

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	6 7 1922

What bactericidal solution was used in eyes? 1% sol Silver Nitrate

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	James E. ~~Nebergall~~ Nebergall	FULL MAIDEN NAME	Clara C. Cooper
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Missouri	BIRTHPLACE	Minnesota
OCCUPATION	School teacher	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:38 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

M. D.

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Meridian Idaho

Filed 7-7 1922 H. F. Neal

Registrar.

3/31/41

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. 959-208-001

RECEIVED
JUL 1 1927
BUREAU OF VITAL STATISTICS

Registration District No. 11

File No. 102997

Hospital

Primary Registration District No.

Registered No. 37

FULL NAME OF CHILD Frances Mae Ives

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	6 8 1927

What bactericidal solution was used in eyes? 1% sol. Silver Nitrate

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ben E. Ives	FULL MAIDEN NAME	Violet Leslie Callison
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a' M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... **Registrar.**

(Signature) H. F. Neal M. D.

(Physician or midwife)

Address Meridian Idaho

Filed 7-7 1927 H. F. Neal

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1942

PLACE OF BIRTH

713-126-001-735

Amended Jan. 23, 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Registration District No. 11 File No. 102998

Hospital ..... Primary Registration District No. ..... Registered No. 38

FULL NAME OF CHILD WESLEY ERVIN GALE
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	6 26 1922

What bactericidal solution was used in eyes? 1% So. Silver Nitrate

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ervin Gale	FULL MAIDEN NAME	Hilda A. Glennin
RESIDENCE	Meridian, Idaho	RESIDENCE	Meridian, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) H. F. Neal

M. D.
(Physician or midwife)

Address Meridian, Idaho

Filed 7-1 1922 H. F. Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
} ss.
County of.....

Certificate No. 102998

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... (Birth or Death)
for..... (Name on Original Certificate) who..... (Was Born or Died) on..... (Date of Event)
in..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Westley Irvin Gale	Wesley Ervin Gale
Father's Name	Irvin Gale	Ervin Gale

Subscribed and sworn to before me this 23rd day of
January, 1937

Notary Public, residing at.....
My commission expires.....
(Seal)

Signed Wesley E Gale
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

510 Washington St.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
} ss.
County of.....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

955-110-001-243

PLACE OF BIRTH

STATE [redacted] -26-19

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 4 1922
BUREAU OF [redacted]
STA[redacted]

County of Ada.

City of

Registration District No. 124 File No. 4

102999

No. St.

Primary Registration District No. 2202 Registered No. 130

Hospital

FULL NAME OF CHILD Clarence Benhart Iverson.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes.	3- 10- 1922.

FATHER		MOTHER	
FULL NAME	Richard Iverson.	FULL MAIDEN NAME	Venna Bullock.
RESIDENCE	Kuna, Ida.	RESIDENCE	Kuna, Ida.
COLOR	White. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 23. (Years)
BIRTHPLACE	Utah-	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11-15-A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Coleman

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Kuna, Ida.

Registrar.

Filed 7-31, 1922 W. C. Stivers Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

265-202-001-861

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 1932
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103000

County of Ada.

City of

No. St.

Hospital

Registration District No. 124

File No. 4

Primary Registration District No. 2202

Registered No. 131

FULL NAME OF CHILD May Evelyn Swenson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes.	5	2	19

FATHER		MOTHER	
FULL NAME	Oscar Swenson.	FULL MAIDEN NAME	Florence May Hearing.
RESIDENCE	Kuna, Idaho.	RESIDENCE	Kuna, Idaho.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4.00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Coleman

Physician
(Physician or midwife)

Address Kuna, Idaho.

Given names added from a supplemental report.

19

Registrar.

Filed 7-31, 1932

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

759-111-001-958

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103001

County of Ada.

City of

Registration District No. 124 File No. 4

No. St.

Primary Registration District No. 2202 Registered No. 132

Hospital

FULL NAME OF CHILD Carl Lewis German.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes.	5 11 1922.

FATHER		MOTHER	
FULL NAME	Floyd German.	FULL MAIDEN NAME	Sarah Maud Reynolds.
RESIDENCE	Kuna. Idaho.	RESIDENCE	Kuna, Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 28. (Years)	COLOR	White. AGE AT LAST BIRTHDAY 25. (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Coleman

Physician. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Kuna, Idaho.

Filed 7-31, 1922 W L C Stevens Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

693-107-001-[illegible]

RECEIVED
369 AUG 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103002

County of Ada.

City of Kuna.

Registration District No. 124

File No. 4

No. ..... St.

Primary Registration District No. 2202

Registered No. 133

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ Thomas Oliver Williams.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar. 7 1922.

FATHER		MOTHER	
FULL NAME	Theophilus K. Williams.	FULL MAIDEN NAME	Elsie Luella Cory.
RESIDENCE	Kuna, Ida.	RESIDENCE	Kuna, Ida.
COLOR	58-White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9-30 A.M. on the date above stated.

(Signature) F. J. Coleman

Physician, (Physician or midwife)

Address Kuna, Idaho.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

Filed 7-31, 19 22

W. E. Stevens Registrar.

517-223-001-714

PLACE OF BIRTH

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103003

County of Ada

City of Kuna

Registration District No. 124 File No. 4

No. ..... St.

Hospital ..... Primary Registration District No. 2202 Registered No. 135

FULL NAME OF CHILD Ernesting Joy Nagel

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? yes | Date of Birth: 2 (Month) 23 (Day) 1922 (Year)

FATHER

FULL NAME: Roy Hamilton Nagel

RESIDENCE: Meridian Ida

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Ida

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Anna Elsie Fowler

RESIDENCE: Meridian Ida

COLOR: White AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Ia

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2-14 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Coleman Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kuna Ida

Filed 7-31 19 22 W E Stevens

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
235-210-001-851

County of Ada

City of Kuna

No. ..... Street

Hospital .....

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103004

Registration District No. 124 File No. 4

Primary Registration District No. 2202 Registered No. 136

FULL NAME OF CHILD CHARLOTTE Fern Stevens
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 10, 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Walter Isaac Stevens	FULL MAIDEN NAME	Esther Ruth Heath
RESIDENCE	Kuna	RESIDENCE	Kuna
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	South Dakota	BIRTHPLACE	Nebraska
OCCUPATION	Manager Lumber Company	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8.40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Fink M.D.
M.B.
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Nampa Idaho

Filed 7-31 1922 W. C. Stevens
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 103004

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Fern Stevens (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 10 - 1922 (DATE OF EVENT)
in Nampa Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Fern Stevens	Charlotte Fern Stevens

Subscribed and sworn to before me this 16th
day of March, 19 42.

C. S. Grady
Notary Public, residing at Nampa Idaho
My commission expires Nov 23-1946
(SEAL)

Signed Walter I Stevens
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Nampa Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of March, 19 42.

C. S. Grady
Notary Public, residing at Nampa Idaho
My commission expires Nov 23-1946
(SEAL)

Signed P J Gregory
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Nampa Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 1 1943

993-127-002-235

RECEIVED
JUL 28 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Meadows

Registration District No. _____ File No. 103005

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Lester Wilfred Riley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	____	____	Yes	June 27 1922

FATHER		MOTHER	
FULL NAME	William Riley	FULL MAIDEN NAME	Audrey Lillian Sterling
RESIDENCE	Meadows, Idaho	RESIDENCE	Cambridge, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Cambridge, Idaho	BIRTHPLACE	Cambridge, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 4.50 a. M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schumacher M.D.

(Physician ~~or midwife~~)

Address New Meadows, Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed June 30 19 22 _____ Registrar

2-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1942

[redacted]

238-218-002-659

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUL 23 1922
BUREAU OF VITAL STATISTICS

County of Adams

City of Mesa

No. ..... Registration District No. ..... File No. 103006

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Edna Marie Schulze
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 18 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Paul Schulze	FULL MAIDEN NAME	Freddy Neiland
RESIDENCE	Mesa	RESIDENCE	Mesa
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Germany	BIRTHPLACE	Nevada
OCCUPATION	Mechanic	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown
(Physician or midwife)

Address Caldwell

Give names added from a supplemental report.

..... 19.....

..... Registrar.

Filed June 30 1922 W M Brown
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 18 12 33 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 103006

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Schulze (female) (Name on Original Certificate) who was born (Was Born or Died) on June 18, 1922 (Date of Event)
in Mesa, Idaho (Adams) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Edna Marie Schulze

Subscribed and sworn to before me this 14th day of June, 19 78.

Notary Public, residing at Lewiston
My commission expires 17 Aug. 1980
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 4 Box 168 St. Maries, ID
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Nez Perce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of June, 19 78.

Notary Public, residing at Lewiston
My commission expires 17 Aug. 1980
(Seal)

Signed Robert S Dawson
(Signature of Any Credible Person)

Rt 4 Box 168 St. Maries, ID
(Street Address, City, State)

FORM DH 60-155 CL7/11/78 RUSH

Marriage license application and affidavit gives name as Edna Schulze as bride and Foch Symonds as groom. Married April 7, 1939 in Nez Perce County, Idaho.
Viewed by V.S.

School record issued by the Independent School District # 1 of Nez Perce County, Lewiston, Idaho gives name of child asEdna Schulze age 9 when census was taken in Sept. of 1930.
Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

281-123-002-414

RECEIVED
JUL 20 1922
BUREAU OF VITAL STATISTICS

County of Adams

City of Council

No. ..... St. ..... Registration District No. ..... File No. 103007

Hospital ..... Primary Registration District No. ..... Registered No. .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Darrell Alex Shaw.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	First	Yes	June 23 1922

What bactericidal solution was used in eyes? Boric Acid.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Alex Shaw	FULL MAIDEN NAME	Bessie Maddox
RESIDENCE	Council Ida.	RESIDENCE	Walla Walla Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Walla Walla Wash.
OCCUPATION	Farmer.	OCCUPATION	School girl.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... 4 A.M. M.
on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gertrude Shaw
(Physician or midwife)

Address Council Ida.

Give names added from a supplemental report.

..... , 19.....

Filed June 30 1922 W M Brown
Registrar.

..... Registrar.

MAY 8 1942

MAY 2 9 1969

819-222-002-315

PLACE OF BIRTH

County of Adams

City of Council

No. _____ St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103008

Registration District No. _____ File No. _____

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Evadone Harrington
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	and		Yes	June 27 1922

What bactericidal solution was used in eyes? Nitrate Silver

Number of child of this mother, including present birth _____ Number of child of this mother now living, including present birth _____

FATHER		MOTHER	
FULL NAME	Verna Robert Harrington	FULL MAIDEN NAME	Clara Irene Canaan
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Council, Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 12:10 P.M. on the date above stated.

(Signature) W. M. Brown

(Physician or midwife)

Address Council

Filed June 30 1922 W M Brown
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

_____, 19____

_____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVERAL REASONS [illegible] A C[illegible]
[illegible]D FOR EACH CHILD AND THE S[illegible]

STATE name of your baby was not filled in on ... it ... of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Council

Place of Birth — Street:

Place of Birth — County: Adams

File Number 103008

Registration Dist. No.

Date of Birth June 27 1922

Sex of Child: Female

Father: Verna R. Harrington (Full Name)

Mother: Clara T. Canaan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eva Jon Harrington (Child's Name in Full)

Clara T. Harrington (Signature of Father or Mother)

K

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Adams }

Certificate No. 103008

RECEIVED OCT 27 1941

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Eva Ion Harrington (Name on original certificate) who born (Was born or died) on June 27, 1922 (Date of event)
in Council, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on June 27, 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Eva Ion Harrington	Evea Ione Harrington

Subscribed and sworn to before me this 22nd
day of October, 1941

H. A. Carr

Notary Public, residing at Council, Idaho
My commission expires April 9, 1943
[SEAL]

Signed Clara I. Harrington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Council Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Adams }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of October, 1941

H. A. Carr

Notary Public, residing at Council, Idaho
My commission expires April 9, 1943
[SEAL]

Signed [illegible]
(Signature of any credible person other than the previous affiant)

Council Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

JUL 2 4 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 159-218-003-266 [redacted] date 6-8-84 dl

[redacted] BIRTH

RECEIVED AUG 1 1922 BUREAU OF VITAL STATISTICS

[redacted] IDAHO BUREAU OF [redacted] STATISTICS

Form V. S. No. 11-C—[illegible]

County of Bannock

City of Lava Hot Springs

No. 159-218-003-266 St.

Registration District No. 62

Primary Registration District No. 2159

Hospital

File No. 103015

Registered No. 22

FULL NAME OF CHILD Dorothy Phillis ~~Avrey~~ Avery

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		YES	July 18 22 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George ~~Avrey~~ Avery	FULL MAIDEN NAME	Florence Kofoed
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Arimo Idaho	BIRTHPLACE	Weston Idaho.
OCCUPATION	Farming	OCCUPATION	Farming

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frances F. Merrick

Midwife (Physician or midwife)

Given names added from a supplemental report.

Address Lava Hot Springs Idaho.

19

Ellis Kanley Registrar

Filed July 31 1922 Ellis Kanley Registrar

K

[redacted]

STATE [redacted]
BUREAU OF [redacted] STATISTICS

No. 103015

Reg. [illegible]

AVOTY

5-23-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
JUN 6 1984
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 103015
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Phillis Avrey (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 18, 1922 (Date of Event)
in Lava Hot Springs(Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Phillis Avrey	Dorothy Phillis Avery
fathers last name	Avrey	Avery
birth year	1912	1922
Middle Name	Phillis	Phyllis

Subscribed and sworn to before me this 1st day of June, 1984.
Notary Public, Arnell Cooke
Residing at Lava Idaho
My commission expires 2-21-86
(Seal)

x Dorothy Phillis Foreland
Signature of Applicant
x 121 N Cleveland Blackfoot Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 1984.
Notary Public, Arnell Cooke
Residing at Lava Idaho
My commission expires 2-21-86
(Seal)

Blaine Nelson
Supporting Signature
Rt Box 100 Lava Hot Springs Idaho
Street Address, City, State

K

1 cc 1bc pd

Certificate of Baptism from LDS Church gives Dorothy Phillis Avery bornJuly 18, 1922 at Lava Hot Springs to Geo M Avery and Florence Mary Kofeod and was baptised Sept 6, 1930. Viewed by V.S.

JUN 8 1984

Certificate of Blessing from LDS Church gives Dorothy Phillis Avery daughter of George Marion Avery and Florence Mary Kofeod born July 18, 1922 at Lava Hot Springs and was blessed Sept 3, 1922. Viewed by V.S.

289.127-0

PLACE [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 26 1922 BUREAU OF VITAL STATISTICS

County of [redacted]

City of Fish Haven

No. 289-127- Registration District No. ____ File No. 103016

Hospital 315 Primary Registration District No. 55 Registered No. ____

FULL NAME OF CHILD Evans Milford Shirley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	X	X	Yes	6-27-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10 % solution of argyrol.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Henry W. Shirley	Iva Langford
RESIDENCE	Fish Haven	Fish Haven
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Fish Haven	Garden City Utah
OCCUPATION	Farmer	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 23 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Poulton M.D.
(Physician or midwife)

Address Paris Ida.

Give names added from a supplemental report.

....., 192.....

Registrar.

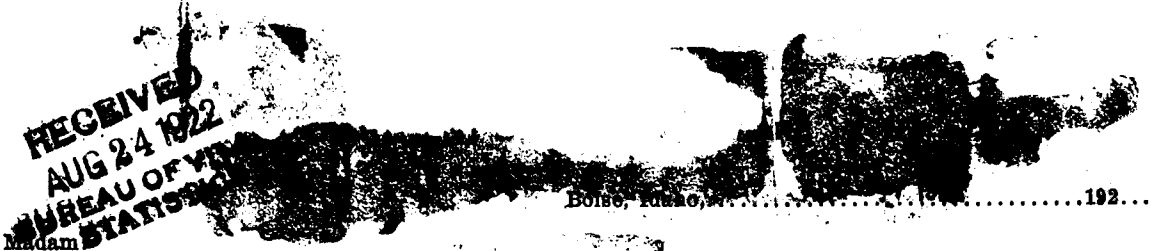
Filed July 24 1922 John Mathson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELF



Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City *Fish Haven*

Street .....

County *Bear Lake Idaho*

File Number 103016

Registration Dist. No. *1*

Date of Birth *June 27* 192*2*

Sex of Child ..... *Male*

Father *Henry Wilford Shirley* (Full Name)

Mother *Iva Lorraine Langford* (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Evan Wilford Shirley (Child's Name in Full)

Iva Lorraine Shirley (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

312-117-004-884

PLACE OF BIRTH

County of Bear Lake

City of St Charles

No. 312-117-004 St. 884

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Reg[redacted]ct No. File No. 103017

Primary Registration District No. 55 Registered No.

FULL NAME OF CHILD Grant Benjamin Laker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
male	X		X	yes	6	17	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10% solution of argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph H. Laker	FULL MAIDEN NAME	Bertha Hymas
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	St Charles, Idaho	BIRTHPLACE	Paris, Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sutton
M.D.
(Physician or midwife)

Address Paris, Ida.

Filed July 24 1922 John Mattson
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 3 1 1942

857-227-004-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 26 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Camp Lifton

No. St. Charles Id. St.

Registration District No. ..... File No. 103018

Hospital 857-227-009-414 Primary Registration District No. 55 Registered No. .....

FULL NAME OF CHILD WYLA JUNE HEGWER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	X		X	yes	6 27 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10 % solution of argyrol

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Benjamin Theodore Hegwer	FULL MAIDEN NAME	Bertha Maud Carr
RESIDENCE	Camp Lifton, Idaho	RESIDENCE	Camp Lifton, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Cansas	BIRTHPLACE	Wisconsin
OCCUPATION	Supt of Pump station	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P J Sultan
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Paris, Id.

Filed July 24 1922 John Mattson
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No. 103018
Date Filed NOV 3 1941

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Wyla June Hegwer (Name on original certificate) who was born (Was born or died) on June 27, 1922 (Date of event)
in St. Charles Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by family record (Bible record, insurance policy, etc.) prepared on June 27 1922 (Give date), are:

FACTS TO BE CORRECTED "Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
no name given	none given	Wyla June Hegwer
date	June 30, 1922	June 27, 1922

Subscribed and sworn to before me this 13th
day of August 1941

Isabella A. McQueen
Notary Public, residing at Alhambra, Calif.
My commission expires June 29, 1942
[SEAL]

Signed Bertha M Hegwer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
1913 D Primrose Ave Alhambra Calif.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California } ss.
County of Los Angeles }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of October 1941

A. Hanta Barry
Notary Public, residing at 750 W. Garvey Monterey Park
My commission expires My Commission Expires October 28, 1944
[SEAL]

Signed Lelia Belle Hegwer Dull
(Signature of any credible person other than the previous affiant)
Sister
5409 Lavinia St. Encino, Calif.
(Street Address, City, State)

A. HOUSTON BARRY

Received for filing on ..... by .....
(Registrar's signature)

266-218-004-266

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 26 1922 BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Fish Haven

No. 266-218-004-266 St. Registration District No. _____ File No. 103019

Hospital _____ Primary Registration District No. 55 Registered No. _____

FULL NAME OF CHILD Donetta Amanda Booth
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
female	X		X	yes	6	18	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10% of argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Rowland Booth	FULL MAIDEN NAME	Delbertina Bowcutt
RESIDENCE	Fish Haven	RESIDENCE	Fish Haven
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	St Charles	BIRTHPLACE	Wyoming
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Sutton
M.D.
(Physician or midwife)

Give names added from a supplemental report.

_____, 192____

_____
Registrar.

Address Paris

Filed July 24 1922 John Mattson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

Y CERTIFIC

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Fish Hawk, Fla.
- Street: —
- County: Bra[illegible]

File Number: 103019

Registration Dist. No.:

Date of Birth: June 18 1922

Sex of Child: Female

Father: Rowland Booth
Full Name

Mother: Wilbertina Bouvette
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Donetta Amanda Booth
Child's Name in Full

Rowland Booth.
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

993-119-004-263

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake
City of St Charles
No. 993-119-004-263 Registration District No. ..... File No. 103020
Hospital ..... Primary Registration District No. 57 Registered No. .....

RECEIVED
JUL 26 1922
BUREAU OF STATISTICS

FULL NAME OF CHILD Lowell Bolton Rich
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X	X		Yes	6 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10% solution of argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orson L Rich	Alice Bolton
RESIDENCE	St. Charles	St Charles
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	46	27
BIRTHPLACE	Paris	Paris
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V J Cullon M.D.
(Physician or midwife)

Address Paris Ida

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed July 24 1922 John Matheson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE H

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: St. Charles

Street: .....

County: Bear Lake

File Number: 103020

Registration Dist. No. .....

Sex of Child: ~~Female~~ Male

Date of Birth: June 19th 192 2

Father: Orson Stock Rich (Full Name)

Mother: Alice Bolton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lowell Bolton Rich

Child's Name in Full

Alice B. Rich.

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law..
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

753-120-004-632

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUL 26 1922
BUREAU OF VITAL STATISTICS

County of Bear Lake
City of St. Charles
No. 753-120-004 St. Registration District No. File No. 103021
Hospital Primary Registration District No. 55- Registered No.

FULL NAME OF CHILD Keith Olsen Peterson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	/	X	Yes	6 20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10% solution of argyrol

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Agustus Peterson	FULL MAIDEN NAME	Ellen Olson
RESIDENCE	St Charles, Ida	RESIDENCE	St Charles
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Dutton M D
(Physician or midwife)

Address Paris

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed July 24 1922 John Mattson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
E FILED FOR EACH CHILD AND THE SA
- - - - -
rth registration is par

Place of Birth — City: St Charles

File Number: 103021

Street:

Registration Dist. No.: 5-3-

County: Idaho

Sex of Child: Male

Date of Birth: June 20 1922

Father: Augustus H. Peterson (Full Name)

Mother: Ellen N. Peterson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Keith Olson Peterson

Child's Name in Full

Mrs. Augustus Peterson

Signature of Father or Mother

and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Amended Nov. 21, 1952

-PLACE OF BIRTH

389-219-004-694

County of Bear Lake

City of St. Charles

No. 389-219-004-694 St.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 103022

Hospital ..... Primary Registration District No. 55 Registered No. .....

FULL NAME OF CHILD BETH CHRISTENSEN

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE			YES	June 19, 1922

What bacterioidal solution was used in eyes? 10% solution of argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hyrum Leslies Christensen	Elsie Widley
RESIDENCE	Lava Hot Springs	Lava Hot Springs
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Utah	St. Charles
OCCUPATION	farmer	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... 7 p. m. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

M.D.

(Physician or midwife)

Address Paris, Ida.

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed July 24 192 2 John Mattron

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 103022

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Rex Pugmire Christensen	Beth Christensen

Subscribed and sworn to before me this 13th day of August, 19 52.

Notary Public, residing at Brigham City, Utah
My commission expires 6/21/53
(Seal)

Signed Lucian Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

First Security Bank Bldg., Brigham City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Elsie W. Christensen mother
(Signature of Any Credible Person)

Brigham City Utah
(Street Address, City, State)
153 No. 1st East

613-207-004-138

PLACE OF BIRTH

RECEIVED JUL 10 1922 BUREAU OF VITAL

Form V. S. No. 11—25m-9-8-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103023

County of Bear Lake

City of Paris

Registration District No. 53 File No. 95

No. 613-207-004-132 St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 7 1922

FATHER		MOTHER	
FULL NAME	John A. Wallis	FULL MAIDEN NAME	Agnes Athay
RESIDENCE	Paris Idaho	RESIDENCE	Paris Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Moore M. D.

(Physician or midwife)

Address

Given names added from a supplemental report.

....19....

Registrar

Filed July 10 1922 Mrs. J. S. Skinner Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-117-004-719

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1030

County of Bear Lake

City of Lanark

No. 249-117-004-719 St.

Registration District No. 53

File No. 92

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)
Male					June 1

FATHER		MOTHER	
FULL NAME	Edgar T. Burns	FULL MAIDEN NAME	Lila Ann Parker
RESIDENCE	Lanark Idaho	RESIDENCE	Lanark Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A.M. on the date above stated.

(Born alive or stillborn)

(Signature) O. D. Moore M.D.

(Physician or midwife)

Address Paris Idaho

Filed 6-25-1922 Mrs. J. S. Skinner

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1961

595-120-613

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

103025

County of Bear Lake

City of Ovid

No. 553-120-004-6 St.

Registration District No. 53

File No. 94

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Rayo Sivel Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 20 1922

FATHER		MOTHER	
FULL NAME	Sivel Nelson	FULL MAIDEN NAME	Leon Wallentine
RESIDENCE	Ovid Idaho	RESIDENCE	Ovid Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C O Moore M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 6-25 1922 Mrs J. S. Skinner

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

AUG 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, AUG. 7 1922 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ..... Street ..... County .....

File Number 103025

Registration Dist. No. .....

Sex of Child Male

Date of Birth June 20 1922

Father Sivel Nielson (Full Name)

Mother Leone Wallentine (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Rayo Sivel Nielson
Child's Name in Full

Mrs. Leone W. Nielson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC ~~WELFARE~~
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Dermet

No. 231-127-005-358 St. Registration District No. 21 File No. 103026

Hospital Primary Registration District No. Registered No. 22

FULL NAME OF CHILD Alexander Stansgar
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	7/27/1922

What bactericidal solution was used in eyes? cyeserol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Edward Stansgar	FULL MAIDEN NAME	Hannah Taylor
RESIDENCE	Colville Wash	RESIDENCE	Colville Wash.
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Colville Wash	BIRTHPLACE	Colville Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joe Sherwood

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Tensed, Idaho

Filed 7/31 1922 Y. E. Bihar
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Ferry }

Certificate No. 103026
Date Filed APR 3 [illegible]

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Alexander Stanger	Alexander Stansgar
father's name	Edward Stanger	Edward Stansgar

Subscribed and sworn to before me this 31 day of March, 1942.
Bertie Rail
Notary Public, residing at Inchelium.
My commission expires March 12 1945.
(SEAL)

Signed Hannah Stansgar mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Inchelium Washington
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Ferry }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of March, 1942.
Bertie Rail
Notary Public, residing at Inchelium
My commission expires March 12 1945
(SEAL)

Signed Mrs Alice Kaufer
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Inchelium Wash
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[redacted] AUG 5 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham — BUREAU OF VITAL STATISTICS — CERTIFICATE OF BIRTH 103027

City of Pingree

No. 315-204-006-697 St. Registration District No. 116 File No. 13

Hospital Primary Registration District No. 2185 Registered No. 725

FULL NAME OF CHILD Emma Larson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	July 4 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Valdemar J Larson	FULL MAIDEN NAME Almina Wight
RESIDENCE Pingree Ida	RESIDENCE Pingree Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Rural mail carrier	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Merkuson M D
Physician
(Physician or midwife)

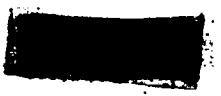
Address Aberdeen Ida

Filed July 4 1922 M. C. Merkuson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.



PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103028

RECEIVED
AUG 5 1922
BUREAU OF VITAL STATISTICS

County of Bingham
City of Sterling
No. 593-26-006-3[illegible] Registration District No. 116 File No. 13
Hospital Primary Registration District No. 2155 Registered No. 226

FULL NAME OF CHILD Edith Jean Nillson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	July 6 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edwin Fortis Nillson	FULL MAIDEN NAME	Jessie Mabel Chappell
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Markumsen M. D.
Physician
(Physician or midwife)

Address Aberdeen Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 6 1922 M. C. Markumsen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103029

County of Bingham

City of Aberdeen

No. 758-116-006-2 St. Registration District No. 116 File No. 13

Hospital Primary Registration District No. 2195 Registered No. 727

FULL NAME OF CHILD Hilbert Pehrson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	—		—	Yes	July	16	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Paul Johannes Pehrson	FULL MAIDEN NAME	Olga Schulz
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Germany	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon M D

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed July 16 1922 M. C. McKinnon
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103030
13

County of Bingham
City of Pingree
No. 781-12c-0630 Registration District No. 116 File No.
Hospital Primary Registration District No. 2193 Registered No. 128

FULL NAME OF CHILD Wesley Ellsworth Pharis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 20 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clark Edward Pharis	FULL MAIDEN NAME	Norma Caldwell
RESIDENCE	Pingree Idaho	RESIDENCE	Pingree Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

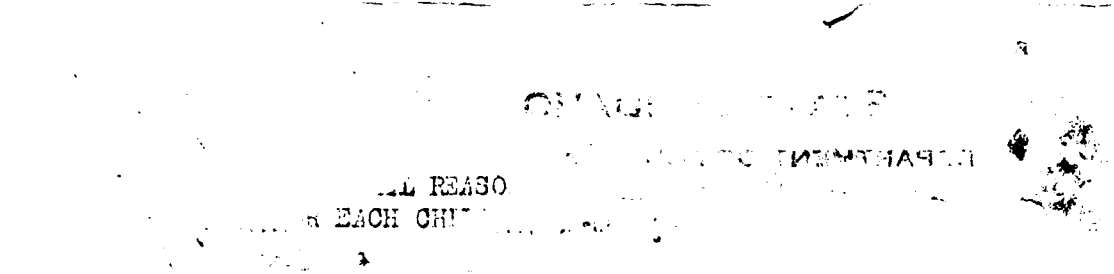
Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) M. C. Mackinnon M.D.
Physician
(Physician or midwife)
Address Aberdeen Idaho

Filed July 20 1922 Mackinnon
Registrar.



Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Dingree, Street: ..... County: Bingham

File Number: 103030

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 20 1922

Father: Clark Edward Pharis (Full Name) Mother: Mable Norma Caldwell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wesley Ellsworth Pharis
Child's Name in Full

Norma P. Pharis
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

childs first name amend 3-9-84 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

103031

AUG 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13

County of Bingham

City of Aberdeen

No. 419-223-006-713 St.

Registration District No. 116 File No.

Hospital

Primary Registration District No. 2185 Registered No. 729

FULL NAME OF CHILD Odella ~~Charlotte~~ Katie Maisch
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	July 23 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Christian Maisch	FULL MAIDEN NAME	Annie Gatski
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	South Dakota	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMurkinnon MD
Physician
(Physician or midwife)

Address Aberdeen Ida

Filed July 23 1922 McMurkinnon
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]AL REASONS WHY A [illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Aberdeen

Place of Birth — Street: .....

Place of Birth — County: Bingham

File Number: 103031

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: July 23, 1927

Father: Ernest Mauch
Full Name

Mother: Carrie Mauch
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Charlotte Katie Mauch
Child's Name in Full

Ernest Mauch
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

2-1-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of Bingham } ss.

Certificate No. 103031
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Charlotte Katie Maisch (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-23-22 (Date of Event)
in Aberdeen (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Charlotte Katie Maisch	Odella Katie Maisch

Subscribed and sworn to before me this 1st day of March, 1984
Notary Public, _____
Residing at Aberdeen Idaho
My commission expires December 8, 1986
(Seal)

x Odella Katie Maisch Hekrli
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

1cc Credit

School record from Aberdeen High School lists Odella R Maisch. has completed course of study May 17, 1940. Viewed by V.S.

MAR 9 1984

Public School Diploma lists Odella Maisch completed course of study for elementary School on May 15, 1936. Bingham County. Viewed by V.S.

Marriage License from Raymond Harold Wehrli and Odella Cornforth were married in Twin Falls on Sept 12, 1974. Viewed by V.S.

PLACE OF BIRTH

County of Bonner

City of Sagle

No. 133-128-009-133 St.

Hospital

Primary Registration District No. 2155

Registered No.

FULL NAME OF CHILD Robert Haze Allen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 28, 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Haze F. Allen	FULL MAIDEN NAME: Beatrice McCrea
RESIDENCE: Pack River Sandpoint, Rural.	RESIDENCE: Pack River
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Michigan
OCCUPATION: Woodsman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Page M.D.

Physician (Physician or midwife)

Address Sandpoint, Idaho

Filed July 2 1922 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-229-009-695

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St.

Registration District No. 7F

File No. 103034

Hospital Central

Primary Registration District No. 2155

Registered No. ____

FULL NAME OF CHILD Violet Ruth ~~Otto~~ Schauer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female ♀	—	—	Yes	June 29 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Arthur Otto Schauer	FULL MAIDEN NAME	Hilda Fredrickson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Colfax ~~Washington~~ Idaho
OCCUPATION	Farmer	OCCUPATION	Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.25 A.M. on the date above stated.

(Signature) E T Anderson M.D.

(Physician or midwife)

Address ____

Filed July 2 1922 Viola Allen Deputy Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-201-009-758

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St.

Hospital City

Registration District No. 78

Primary Registration District No. 2.55

File No. 103035

Registered No. ____

FULL NAME OF CHILD Ella Mae Shepherd

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 1 1922

What bactericidal solution was used in eyes? AgNo3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	George Frank Shepherd	FULL MAIDEN NAME	Helen Gehringer
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Mont
OCCUPATION	Laborer	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H R Walker

Physician

(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 2 1922 Viola Allen
Deputy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 8 1967

319-213-009-349

PLACE OF BIRTH

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 78

Primary Registration District No. 2155

File No. 103036

Registered No. .....

FULL NAME OF CHILD Alice Lucile Carnagey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	6/13/22 192....

What bactericidal solution was used in eyes? AgNo3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Carnagey	FULL MAIDEN NAME	Josephine Turcutt
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wis.	BIRTHPLACE	N.D.
OCCUPATION	laborer	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M R Wallentine

M.D.
(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed July 2 1922 Viola Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

339-228-009-263

PLACE OF BIRTH

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 1001 Superior St.

Registration District No. 7F

File No. 103037

Hospital —

Primary Registration District No. 2155

Registered No.

FULL NAME OF CHILD Mary C Clintsman

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	6-18-1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Wm Harris Clintsman	FULL MAIDEN NAME	Anna Bolser
RESIDENCE	1001 Superior Sandpoint	RESIDENCE	1001 Superior - Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Green Bay Wis	BIRTHPLACE	Millersville Minn.
OCCUPATION	Teamster	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2:40 P. M. (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) C. P. Stackhouse MD
(Physician or midwife)

Address Sandpoint

Filed July 2 1922 Nicola Allen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

493-208-009-62 RECEIVED JUL 12 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint, Ida.

No. 1105 Oak St.

Registration District No. 78 File No. 103038

Hospital

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Bessie Miller.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	6-8 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chas. Elmer Miller.	FULL MAIDEN NAME	Minnie May O'Brien
RESIDENCE	1105 Oak St - Sandpoint	RESIDENCE	1105 Oak St - Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Rockport, Ind.	BIRTHPLACE	Laurence Co, Mo.
OCCUPATION	Carpenter.	OCCUPATION	Housework.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1:35 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse M.D.
(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed July 2 1922 Viola Allen Deputy Registrar.

PLACE OF BIRTH

811-206-009-2

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 7 Route #1 St.

Registration District No. 16

File No. 103039

Hospital

Primary Registration District No. 215

Registered No.

FULL NAME OF CHILD Mary Jannette Haag

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	June 12 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph Paul Haag	FULL MAIDEN NAME	Bertha Bellville
RESIDENCE	Sandpoint - R.R. #1	RESIDENCE	Sandpoint - R.R. #1
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Neodosha - Kansas	BIRTHPLACE	Cincinnati O.
OCCUPATION	Farmer	OCCUPATION	Housework - Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:01 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse M.D.

(Physician or midwife)

Address Sandpoint

Filed July 2 1922 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 19

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
653-219-009-466

RECEIVED
JUL 12 1922
VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner
City of Sandpoint
No. #36 Milltown St.
Registration District No. 78
File No. 103040
Hospital
Primary Registration District No. 2155
Registered No.

FULL NAME OF CHILD Bernice Welo.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 19 1922

What bactericidal solution was used in eyes? Arg. Nitras 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edwin Welo.	FULL MAIDEN NAME	Mabel Moore
RESIDENCE	#36 Milltown - Sandpoint	RESIDENCE	#36 Milltown, Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Cumberland Wis -	BIRTHPLACE	Mitchell S - Dak.
OCCUPATION	Saw Mill Laborer -	OCCUPATION	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or ~~stillborn~~), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) C. P. Stackhouse M.D.
(Physician or midwife)

Address Sandpoint

Filed July 2 1922 Viola Allen
Deputy Registrar.

PLACE OF BIRTH

962-214-009-394

RECEIVED JUL 12 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. Rural St.

Registration District No. 7c

File No. 103041

Hospital

Primary Registration District No. 2155

Registered No.

FULL NAME OF CHILD Pershia Fay Robar

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	6-14-1922

What bactericidal solution was used in eyes? Arg. nitras 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence James Robar	FULL MAIDEN NAME	Isabelle Mary Timblin
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Lower Cornwall - N. Scotland	BIRTHPLACE	Bonner, Wisc.
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at 11:00 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse MD

(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 2 1922 Viola Allen Deputy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 1942

AUG 12 1953

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH 655-210-009-815

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 424 Superior St.

Hospital

Registration District No. 76 File No. 103042

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD ~~Myrt~~ BERYL ~~Frances~~ FRANCES Fenton

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes.	6-10-1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Perry Webster Fenton	FULL MAIDEN NAME	Margaret Ruth Hamer
RESIDENCE	Colburn.	RESIDENCE	Colburn.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Waupaca, Wis.	BIRTHPLACE	Thermopolis - Wyo.
OCCUPATION	Mechanic - Farmer.	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11:35 P. M. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

Mid.

(Physician or midwife)

Address Sandpoint

Filed July 2 1922 Viola Adler Deputy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Orange }

Certificate No. 103042

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Beryl Frances Fenton (Birth ~~or Death~~)
for ..... (Name on Original Certificate) who Born (Was Born ~~or Died~~) on 6/10/22 (Date of Event)
in Sand Point Idaho (Place of Event) are erroneous or were ~~omitted~~; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Myrle	Beryl Frances Fenton

Subscribed and sworn to before me this 23 day of May, 1949.

Mrs Marguerite Ruth Wilson
Signed .....
(Signature of parent ~~or attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting ~~a death record~~, or other credible person.)

.....
Notary Public, residing at .....

My commission expires .....
(Seal) My Commission Expires October 11, 1949

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

APR 1 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 213-128-009-953

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sagle, Ida

No. ..... St.

Registration District No. 78 File No. 103043

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Edward William Kalb
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 28 1922

What bactericidal solution was used in eyes? Borac acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Slater Kalb	FULL MAIDEN NAME	Laura Margaret Reed
RESIDENCE	Sagle, Ida	RESIDENCE	Sagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Va.	BIRTHPLACE	Central City, Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. C. E. Reed
informant (Physician or midwife)

Address Sagle, Ida

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed July 2 1922 Viola Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

789-213-009-869

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 608 Oak St. [redacted] District No. 78 File No. 108044

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Katherine Phillips
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 13 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Walter Phillips	FULL MAIDEN NAME	Lucinda York
RESIDENCE	~~San~~ Cocolalla, Ida	RESIDENCE	Cocolalla
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Newburg, Mo.	BIRTHPLACE	Edgar Springs, Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Sandpoint, Ida

Filed July 2 1922 Viola Allen Deputy Registrar.

466-229-009-9

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner
City of Sandpoint
No. 424 Superior St.
Registration District No. 78
File No. 103045
Hospital Lancasters
Primary Registration District No. 2155
Registered No.

FULL NAME OF CHILD Charlotte Catherine Moon
(Certificate of no value without full name of child.)

Sex of Child: Female
Twin, Triplet or other? and Number in order of birth
(To be answered only in event of plural births)
Legitimate? Yes.
Date of birth: June 29, 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth: 1
Number of child of this mother now living, including present birth: 1

FATHER

FULL NAME: Lawrence G. Moon
RESIDENCE: Sandpoint 408 Lake St.
COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Wisconsin
OCCUPATION: Undertaker

MOTHER

FULL MAIDEN NAME: Hazel B. Rice
RESIDENCE: Sandpoint 408 Lake St.
COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Fairfield, Wash
OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) [signature] M. D.
(Physician or midwife)

Address Sandpoint, Ida.

Filed July 2 1922 [signature]
Deputy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8 1942

APR 9 1976

DECEASED

RECEIVED

JUL 12 19[illegible]

BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

154-112-009-296

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 424 Superior St. Registration District No. 76 File No. 103046

Hospital Lancaster Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Ira Edward Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 12 1922

What bactericidal solution was used in eyes? Argyrol 5 1/0

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ira Edward Anderson	FULL MAIDEN NAME	Edna Brown
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Bismark, N. Dakota	BIRTHPLACE	Augusta, Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.10 P. M. on the date above stated.

(Signature) Floyd Caldwell M.D.
(Physician or midwife)

Address Sandpoint, Ida

Filed July 2 1922 Viola Allen Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 1957

NOV 13 1970

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 719-219-009-36S

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103047

County of Bonner

City of Samuels (rural)

No. ..... St.

Registration District No. 78 File No. .....

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Infant Parks
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 19 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm. G. Parks	FULL MAIDEN NAME	Delcie Lee
RESIDENCE	Samuels (rural)	RESIDENCE	Samuels (rural)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Little Rock, Ark.	BIRTHPLACE	Fairfield, Wash
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Sand point, Ida

Filed July 2 1922 Viola Allen Deputy Registrar.

PLACE OF BIRTH

366-110-009-2 [redacted]

[redacted] WELFARE

[redacted] OF VITAL STATISTICS

JUL 12 192[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 715 Superior St.

Registration District No. 78 File No. 103048

Hospital

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Thorn Tom Wayne Look

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 10 1922

What bactericidal solution was used in eyes? Argyrol 5 %

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Thos Look	FULL MAIDEN NAME	Amy Shrewsbury
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Raleigh Co.	BIRTHPLACE	Athens, W. Virginia
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd W. Wendle M.D.

(Physician or midwife)

Address Sandpoint, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed July 2 1922 Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 29, 1941. E.W.

PLACE OF BIRTH
318-217-009-433

RECEIVED
JUL 12 192
BUREAU OF
STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner
City of Sandpoint
No. G.N. road St.
Registration District No. 78
File No. 103049
Hospital
Primary Registration District No. 2155
Registered No.

FULL NAME OF CHILD Evelyn Marie Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 17 1922

What bactericidal solution was used in eyes? Argyrol 5 %

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Ben F. Taylor	FULL MAIDEN NAME	Kate McCluer
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Fulton Co. Arkansas	BIRTHPLACE	Springfield, Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Sandpoint Ida

Filed July 2 1922 Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 294-204-009-193

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 78 File No. 103050

Hospital Lancasters Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Ruby June Kidd
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 4 1922

What bactericidal solution was used in eyes? Argyrol 5 o/o

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Millard Ozvil Kidd	FULL MAIDEN NAME	Selma Louise Arvidson
RESIDENCE	Elmira, Ida	RESIDENCE	Elmira Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mont	BIRTHPLACE	Michigan
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy H. Wendle M.D.
For Scott Jones M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Sandpoint Ida

Filed July 2 1922 Viola Allen Deputy Registrar.

SEP 22 1961

692-220-003-386

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. N. Ruth St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7f File No. 103051

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Clara Tillie Fiskland
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 20 1922

What bactericidal solution was used in eyes? Argyrol 50%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Andy Fiskland	FULL MAIDEN NAME	Mary Thompson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd E. Wendle

(Physician or ~~midwife~~)

Address Sandpoint, Ida

Give names added from a supplemental report.

....., 19.....

Filed July 2 1922 Viola Allen
Deputy Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 9 1969

JUN 2 1944

PLACE OF BIRTH

266-218-009-362

County of Bonner

City of Sandpoint

No. ____ St.

Hospital ____

JUL 12 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 103057

Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD Erma Martha Koffel

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	6/18/22 192...

What bactericidal solution was used in eyes? AgNo3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Marion LeRoy Koffel	FULL MAIDEN NAME: Josephine Losh
RESIDENCE: Sandpoint	RESIDENCE: Sandpoint
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Idaho
OCCUPATION: Logger	OCCUPATION: Hsw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Wallentine

(Physician or midwife)

Address Sandpoint

Filed July 6 192 2 Viola Allen Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

994-115-009-357

SECE... JUL 12 ... BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 78 File No. 103058

Primary Registration District No 2155 Registered No. .....

FULL NAME OF CHILD Leslie Warren Ridley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	6/15/22 192....

What bactericidal solution was used in eyes? AgNo3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Horace John Ridley	FULL MAIDEN NAME	Hattie Marie Lepka
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mont.	BIRTHPLACE	Minn
OCCUPATION	logger	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N.R. Wallentine

M.D.
(Physician or midwife)

Address Sandpoint

Filed July 8 1922 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

FLOYD G. WENDLE, M. D.
OF
LAKE PEND D'OREILLE
PRESIDENT IDAHO STATE BOARD OF HEALTH

POSTOFFICE ADDRESS
SANDPOINT, IDAHO

Supplementary names for Vital Statistic records

Bonner County. Registration District No. 78

Richard Allyn Bloom born June 14, 1922 103059

Father Carl Bloom

Mother Rose Foster

Leslie Warren Ridley born June 15, 1922 103058

Father Horace John Ridley

Mother Hattie Marie Lepka

Erma Martha Koffel born June 18, 1922 103057

Father Marion LeRoy Koffel

Mother Josephine Losh

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AUG 1
STAT

Viola Allen

Deputy Registrar

DEC 27 1941

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 236-114-009 - 699

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St.

Registration District No. 78 File No. 103059

Hospital Central Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD Richard A Bloom

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	June 14 1922

What bacteriolidal solution was used in eyes? Arg NO3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Carl Edwin Bloom	FULL MAIDEN NAME Rosalyn Evans
RESIDENCE Sagle	RESIDENCE Sagle
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Wis	BIRTHPLACE Ida
OCCUPATION Farmer	OCCUPATION Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.40 P. M. on the date above stated.

(Signature) E T Anderson

Sandpoint Ida (Physician or midwife)

Address ____

Filed July 6 1922 Viola Allen Registrar.

Deputy

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Certified copy issue June 20, 1941. E.W.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sand Point

Street: Central Hospital

County: Bonner

File Number: 103059

Registration Dist. No.:

Sex of Child: Male

Date of Birth: June 14 1922.

Father: Carl Owen Bloam
Full Name

Mother: Rosalyn A Foster
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Richard Allyn Bloam
Child's Name in Full

C C Bloam
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH 391-108-009-693

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede Ida

Registration District No.

File No. 103060

No. x x x x x St.

Primary Registration District No.

Registered No.

Hospital x x x

FULL NAME OF CHILD Arthur Clarence Crabb

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	4	yes	July 8 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence Delmar Crabb	FULL MAIDEN NAME	Ruth May Wilson
RESIDENCE	Sawyer Ida.	RESIDENCE	Sawyer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kingfisher County Okla.	BIRTHPLACE	Minn
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Didier

M. D.
(Physician or midwife)

Given names added from a supplemental report.

x x x x x 19

x x x x x

Registrar

Address Laclede Ida

Filed 8/1 1922 F. W. Didier

Registrar

S-Y-CO. 38071

2

CRABB

Dup of 22-331472

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

819-229-009-291

RECEIVED AUG 5 192 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103061

County of Bonner

City of Laclede Ida

Registration District No. 81

File No. 18

No. x x x x x St.

Primary Registration District No. 2158

Registered No. 208

Hospital x x x x

FULL NAME OF CHILD Dora Wreathal Hard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.	4"	yes	July 29 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence C Hard.	FULL MAIDEN NAME	Merle Braswell
RESIDENCE	Edgemere Ida.	RESIDENCE	~~Alamosa Colo.~~ Edgemere Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Garden City Kansas	BIRTHPLACE	Alamosa Colo
OCCUPATION	Rancher	OCCUPATION	Hairwife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 N A M. on the date above stated.

(Signature) Fred Didier MD.

(Physician or midwife)

Address Laclede Ida

Filed 7-29 1922 Fred Didier

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

x x x x 19

x x x x

Registrar

S-Y-CO. 38071

AUG 25 1942

OCT 30 1975

253-109-009-453

PLACE OF BIRTH

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103062

County of Bonner

City of Laclede

Registration District No. 81

File No. 17

No. x x x x St.

Primary Registration District No. 2158

Registered No. 208

Hospital x x x

FULL NAME OF CHILD John Hamilton Selesky

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
M	4 (To be answered only in event of plural births)	yes	July 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Max E Selesky	FULL MAIDEN NAME	Alma Ina Decker
RESIDENCE	Dalkena Wn	RESIDENCE	Dalkena Wn
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Saginaw Mich	BIRTHPLACE	Marshfield Wis
OCCUPATION	Store Mgr	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Didier MD

(Physician or midwife)

Given names added from a supplemental report.

x x x x 19

x x x x

Registrar

Address Laclede Ida

Filed 7-29 1922

F W Didier

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
AUG 14 1922
BUREAU OF VITAL
STATISTICS

Boise, Idaho, ... 192 2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Laclede
- Street: .....
- County: Idaho

File Number: 103062

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 9 1922

Father: Max Edwin Solesky
Full Name

Mother: Alma Decker Sol
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

John Hamilton Solesky
Child's Name in Full

Mrs. M. E. Solesky
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

466-201-009-791

County of Bonner

City of Laclede

No. ____ St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 103063

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Gladys Moore

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				Yes	July 1 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ewen Mooore	FULL MAIDEN NAME	Minnie Graves
RESIDENCE	Laclede	RESIDENCE	Laclede
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3.15 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (or midwife)

Address Priest River

Filed 7-29 1922 F W Dodier

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

845-210-~~[illegible]~~-319

County of Boundary

City of Copeland

No. ..... St.

Hospital .....

STATE OF [redacted]

DEPARTMENT OF PU[redacted]

BUREAU OF VITAL STATISTICS

RECEIVED AUG 7 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 71 File No. 103064

Primary Registration District No. 5156 Registered No. .....

FULL NAME OF CHILD Elizabeth Hundahl.

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	—	yes.	July 10 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Soln. $AgNO_3$

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER		MOTHER
FULL NAME	Victor Hundahl	FULL MAIDEN NAME	Marie La Rue
RESIDENCE	Copeland, Ida.	RESIDENCE	Copeland, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Denmark	BIRTHPLACE	Idaho
OCCUPATION	Woodsman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Filed ..... 1922 .....

Registrar.

Registrar.

Give names added from a supplemental report.

....., 19.....

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Registrar.

[redacted]

APR 27 19[redacted]

PLACE OF BI[redacted]o

285-105-0[redacted]

[redacted]MENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED AUG 7 1922 BUREAU OF VITAL STATISTICS

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registr[redacted] 79 File No. 103065

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD James Corydon Shepherd

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	July 5 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Soln. $AgNO_3$

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clyde A. Shepherd	FULL MAIDEN NAME	Fairy Wickwire
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10.30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....

Registrar.

Address Bonners Ferry, Ida.

Filed 7/6/1922. E. E. Fry

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/3/41 L. B.

PLACE OF BIRTH
551-218-~~[illegible]~~-134

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79

File No. 103066

Hospital .....

Primary Registration District No. 2156

Registered No. .....

FULL NAME OF CHILD Lenora Evans
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	July 14 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Soln Ag No 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert Leslie Evans	FULL MAIDEN NAME	Leah Aldrich
RESIDENCE	Everett, Wash.	RESIDENCE	Everett, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Canada	BIRTHPLACE	Iowa
OCCUPATION	Lumberman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10.45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Frey
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Bonners Ferry, Ida.

Filed 7/14 1922. E. E. Frey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-123-010-513

PLACE OF BIRTH

[redacted] DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 7 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ____ St. ____ Registration District No. ____ File No. 103067

Hospital ____ Primary Registration District No. 315b Registered No. ____

FULL NAME OF CHILD James Wm Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	and —	Yes	July 23 1922

(To be answered only in event of plural births)

What bacterioidal solution was used in eyes? 1% Sol. Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Wm H. Smith	FULL MAIDEN NAME Maggie Eaton
RESIDENCE	Bonners Ferry	Bonners Ferry.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	30
BIRTHPLACE	Canada	Neb.
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Ting

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 7/23/1922. E E Ting
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 6, 1940. E.W.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 654-130-011-213

RECEIVED AUG 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St. Registration District No. 79 File No. 103068

Hospital ..... Primary Registration District No. 3186 Registered No. .....

FULL NAME OF CHILD Clarence Edwin Wedeven

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes.	July 30 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% soln $AgNO_3$

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Henry Wedeven	FULL MAIDEN NAME	Frieda P. Bath
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Wis.	BIRTHPLACE	England.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....

Registrar.

Address Bonners Ferry, Ida.

Filed 7/30/1922 E. E. Fry

Registrar.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary
City of Lenia
No. 863-204-011-249 St.
Registration District No. 79.
File No. 103069
Hospital
Primary Registration District No. 3156
Registered No.

FULL NAME OF CHILD Harriet Irene Halnquist
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— and — (To be answered only in event of plural births)		Yes.	July 4 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry Conrad Halnquist	FULL MAIDEN NAME	Bessie Irene Smith
RESIDENCE	Lenia, Ida.	RESIDENCE	Lenia, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Gibbon Minnesota	BIRTHPLACE	Fort Collins Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at Nine ten A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L Schollhorn
~~Harry Conrad Halnquist~~
Lenia, Ida.
~~midwife~~ (Physician or midwife) mother.
Address Lenia, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 7/30/1922. E D Fry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 12 1943

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 7 1922
BUREAU OF

CERTIFICATE OF BIRTH

County of Boundary
City of Bonners Ferry
No. 759-217-011-36 Registration District No. 79 File No. 103070
Hospital Primary Registration District No. 7156 Registered No.

FULL NAME OF CHILD Iva Lucile Perry
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 17 1922

What bacterioidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Emmett Perry	FULL MAIDEN NAME	Florence Mary Cox
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Bonners Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Missouri	BIRTHPLACE	Canada
OCCUPATION	Railroad Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Ruth Bowell
Physician
(Physician or midwife)
Address Bonners Ferry Idaho
Filed 7/20/1922 E E Fry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
AUG 7 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary
City of Bonners Ferry
No. 386-119-011-265 St.
Registration District No. 79
File No. 103071
Hospital Bonners Ferry
Primary Registration District No. 2166
Registered No.

FULL NAME OF CHILD Allan Leroy Thomas
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 19 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Henry Clayton Thomas	FULL MAIDEN NAME	Ellen Bond
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Missouri	BIRTHPLACE	California
OCCUPATION	Railroad Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Rue Bowell
Physician
(Physician or Midwife)

Address Bonners Ferry Idaho.

Filed 7/31/1922 [illegible]
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1954

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 103072

County of Boundary

City of Bonners Ferry

No. 533-121-011-236 St.

Registration District No. 71

Hospital Bonners Ferry

Primary Registration District No. 711

Registered No.

FULL NAME OF CHILD William Scott Ellis

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 21 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Willard J. Ellis	FULL MAIDEN NAME	Nancy E. Scott
RESIDENCE	Maples Idaho	RESIDENCE	Maples Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray Bowell

Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/31/1922

E E Fry
Registrar.

FEB 7 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 165-121-011-249

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

RECEIVED AUG 7 BUREAU STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 79. File No. 103073

Primary Registration District No. 1156 Registered No. .....

FULL NAME OF CHILD Robert Warren Jones
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	July 21 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robert Jones	FULL MAIDEN NAME	Glotha Lucibe Smith
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oklahoma	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Bowell

Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Filed 7/23/1922. E E Fry
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Certified Copy issued Nov. 8, 1940. E.W.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED AUG 7 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. 414-231-011-763 Registration District No. 79 File No. 103074

Hospital ..... Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Lucille Marion Danfan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 31 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lucien J. Danfan	FULL MAIDEN NAME	Elsie Margaret Goldbeck
RESIDENCE	Sandpoint Ida.	RESIDENCE	Sandpoint Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Ohio	BIRTHPLACE	Sask. Canada
OCCUPATION	Accountant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Bowell

Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Filed 7/31/ 1922. E E Frey
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

OCT 2 1970

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 7 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. 819-130-011-415 Registration District No. 79 File No. 103075

Hospital _____ Primary Registration District No. 3156 Registered No. _____

FULL NAME OF CHILD William Dudley Harris
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 30 1922

What bactericidal solution was used in eyes? 10% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Thomas W Harris	FULL MAIDEN NAME	Nannie Davison
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Lumber Grader	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rui Bowell
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Bonners Ferry Idaho

Filed 7/31/1922 E E Fry
Registrar

....., 19....

Registrar.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bonners Ferry — Street: ..... — County: Boundry

File Number: 103075

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 30th 1922

Father: Thomas N. Harris (Full Name)

Mother: Nannie Harris (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William Dudley Harris (Child's Name in Full)

T N Harris (Signature of Father or Mother)

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11[redacted]

PLACE OF BIRTH

County of Butte

City of Moore

No. 796-103-012-855 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 19 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 103076

Primary Registration District No. Registered No.

FULL NAME OF CHILD Claude Alvin Grove

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 6 (Month) 3 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Leslie C. Grove	FULL MAIDEN NAME	Bessie Henderson
RESIDENCE	Moore, Ida	RESIDENCE	Moore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Moore, Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Arco, Idaho

Registrar

Filed 5 4 1922 E W Fox Registrar

Dep of 1922 - 304319

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moore Idaho

Street:

County: Butte

File Number: 103076

Registration Dist. No.:

Date of Birth: June 3 1922

Sex of Child: Male Male

Father: Leslie C. Grove (Full Name)

Mother: Bessie Henderson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Claude Dain Grove (Child's Name in Full)

Leslie Grove (Signature of Father or Mother)

MAY F 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME

- - - - - - - - - - -

Birth registration is part of every child's birthright

It establishes legally the date of the child's birth, and legitimacy.

It enables the Public Health Nurse to make sure the c been protected from danger of blindness and other infections a

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men ar pelled to furnish certified copies of certificates of birth, it portant that the certificates be filed with the BUREAU OF VITAL S TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-[illegible]19

PLACE OF BIRTH

County of Butte

City of Moore

No. 249-105-012-619 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 103077

Primary Registration District No. Registered No.

FULL NAME OF CHILD William Max Burt

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 6 (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Adam Burt	FULL MAIDEN NAME	Roxie Warthon
RESIDENCE	Moore, Idaho	RESIDENCE	Moore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	63 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Springville, Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1145 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Arco, Idaho

Filed 6-6 1922 E W Fox Registrar

MAY 6 1966

442-105-012-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 19 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. 59

File No. 103078

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Glen Wilson Duke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	6 (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Robert Roy Duke	FULL MAIDEN NAME	Hazel Wilson
RESIDENCE	Arco, Idaho	RESIDENCE	Arco Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	County Recorder	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 330 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Filed 6-6 1922 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

Boise, Idaho, ... AUG ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arco

Street: .....

County: Butte

File Number 103078

Registration Dist. No. .....

Date of Birth June 18 1922

Sex of Child Male

Father Ray R. Duke (Full Name)

Mother Hazel Nelson Duke (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Glen Nelson Duke

Child's Name in Full

Ray R. Duke

Signature of Father or Mother

FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Amended 5-5-64 (Be sure the information is complete and accurate)

293-22-1012-358

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 103079
Local Reg. No.
Reg. Dist. No. 59

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Butte	a. STATE: Idaho b. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moore	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moore
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Donna		Bills

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	6 - 21 - 1922

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
John	Lawrence	Bills	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
32 YEARS	Milwaukee, Wisconsin	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Agnes	H.	LeCheminant	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
34 YEARS	Pleasant Green, Utah	5	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE	18b. ATTENDANT AT BIRTH
E. W. Fox	M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Arco, Idaho	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
6-22-1922	E. W. Fox	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG. | 22b. WEIGHT AT BIRTH | 23

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by n cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... **Induced?**.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

RECEIVED MAY 1 1964 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 103079

Date Filed .....

The undersigned does solemnly swear that facts on the certificate of Birth (Birth or Death)

for Donna Bills (Name on Original Certificate) who was born (Was Born or Died) on June 21, 1922 (Date of Event)

in Moore, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of Child	Male	Female

Subscribed and sworn to before me this 10th day of April, 1964

Notary Public, residing at Sandy, Utah

My commission expires Feb. 6, 1965

(Seal)

Signed Lynus H. L. Bills Wilkes

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2609 So. 8th East Salt Lake City Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April, 1964

Notary Public, residing at Sandy, Utah

My commission expires Feb. 6, 1965

(Seal)

Signed Harold J. Kovens

(Signature of Any Credible Person)

1360 Scenic Dr. Sandy

(Street Address, City, State)

FORM DH 60-155 CL 3-12-64. nm

L.D.S. Church Cert. of Blessing, July 30, 1922 gives full name as Dona Bills, daughter of John L. Bills, Sr. and Agnes H. LeCheminant, born June 20, 1922 at Moore, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, Aug. 3, 1930 gives full name as Donna Bills, daughter of John L. Bills, Sr. and Agnes LaCheminant, born June 20, 1922 at Moore, Idaho - viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Butte

CERTIFICATE OF BIRTH

City of Arco

Registration District No. 59

File No. 103080

No. 275-127-012-863 St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Dperry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	6 27 1922

FATHER	MOTHER
FULL NAME William Dperry	FULL MAIDEN NAME Edie Gotter
RESIDENCE Arco, Idaho	RESIDENCE Arco, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn) at 11 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ewfox

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Arco, Idaho

Filed 6-28 1922 Ewfox

Registrar

AUG 5 1974

366-117-014-281

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R.R. St.

Hospital

Registration District No. 7 File No. 103081

Primary Registration District No. 2056 Registered No.

FULL NAME OF CHILD x VICTOR KENNITH Cook

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	x		x	Yes	Mar. 17 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Luther Cook	FULL MAIDEN NAME	Agnes Sharp
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho

Filed July 18 1922 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for a and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss.
County of Klamath }

Certificate No. 103081
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Cook (Name on original certificate) who was born (Was born or died) on March 17, 1922 (Date of event)
in Nampa, Idaho (on farm about 9 miles Northeast) (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Cook	Victor Kennith Cook

Subscribed and sworn to before me this 8th
day of January 1942.
Grace Hazek
Notary Public, residing at Klamath Falls, Oreg.
NOTARY PUBLIC FOR OREGON
My commission expires
[SEAL] MY COMMISSION EXPIRES JAN. 3, 1944

Signed Mrs. Agnes Cook.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (mother)
615 Oak Street, Klamath Falls, Oreg
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of Klamath }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of January, 19 42.
Grace Hazek
Notary Public, residing at Klamath Falls Ore.
My commission expires Jan. 3, 1944
[SEAL]

Signed Mrs. Sam Long
(Signature of any credible person other than the previous affiant.)
Tule Lake, California
(Street Address, City, State)

Received for filing on [illegible] 1942 By
(Registrar's signature)

1942

1955

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of ~~Canyon~~ Ada

City of RH3-Nampa

No. 253-219-001-335 St.

Registration District No. 7

File No. 103082

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD Carmen Juanita Bell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	3/19 (Month) (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alex W. Bell	FULL MAIDEN NAME	Maud P. Cleek
RESIDENCE	Darlington Ida	RESIDENCE	Darlington Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton M D

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Nampa Ida

Filed July 10 1922 [illegible] Registrar

Registrar

RECEIVED
OCT 26 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG. 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Star

Place of Birth — Street:

Place of Birth — County: Ada

File Number: 103082

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Mar. 19 192.2.

Father: Alexander Westley Bell (Full Name)

Mother: Maud Pauline Cleek (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Carmen Juanita Bell
Child's Name in Full

Maud Pauline Bell
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Form V. S. No. 11-C—25m-7-21-19

PLAC[redacted]

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 103083

No. 652-130-014-295 St.

Primary Registration District No. 1006

Registered No.

Hospital —

FULL NAME OF CHILD Edward wayne Wesson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	x		x	yes	Mar (Month) 30 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. L. Wesson	FULL MAIDEN NAME	Mary E Kingrue
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray
M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho

Filed July 10 1922 Leara Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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THE S

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDMENT AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 103083

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnames Wesson	Edward Wayne Wesson

Subscribed and sworn to before me this 16 day of January, 19 42

Notary Public, residing at Boise Idaho

My commission expires 6-24-45

(SEAL)

Signed Rose Mae Wesson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

213-123-014-296

PLACE OF BIRTH

RECEIVED JUL 1 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. RR St.

Registration District No. 7 File No. 103084

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD* Jack Leroy Balderston

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	-		x	yes	April 23 1922

FATHER	MOTHER
FULL NAME James Balderston	FULL MAIDEN NAME Millie Brown
RESIDENCE Nampa Idaho	RESIDENCE Nampa Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth | Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8-a. M. on the date above stated.

(Signature) J. F. Murray M.D.

(Physician or midwife)

Address Nampa Idaho

Filed July 5 1922 Pearle Dodds Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1942

PLACE OF BIRTH

449-202-014-689

County of Canyon

City of Melba

No. ..... St.

Hospital .....

RECEIVED JUL 10 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 103085

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Mary Elinor Murphy
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 2 1922

What bacteriecidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Edwin Lorenzo Murphy	FULL MAIDEN NAME	Josephine Elinor Whipple
RESIDENCE	Melba, Ida	RESIDENCE	Melba, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed July 5 1922 Pearle Dodds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
457-112-014-9

[redacted] OF IDAHO
F PUBLIC WELFARE
VITAL STATISTICS

ATE OF BIRTH

103087

County of Canyon

~~City of~~ Melba

No. ..... St. ..... File No. .....

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD William Everett DeGroat
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 12 1923

What bacteriecidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Frank William DeGroat	FULL MAIDEN NAME Augie Viola England
RESIDENCE Melba, Ida	RESIDENCE Melba, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 47 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE New York.	BIRTHPLACE Iowa.
OCCUPATION Farmer.	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne

Melba, Ida
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 26 1923 Pearl Fields
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 867-122-014-255

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Melba

No. ..... St.

Registration District No. .....

File No. 103088

Hospital .....

Primary Registration District No. 2006

Registered No. .....

FULL NAME OF CHILD Wayne Albert Hopper
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 22 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lorren Kelley Hopper	FULL MAIDEN NAME	Rachel Alegra Benson
RESIDENCE	Melba, Ida	RESIDENCE	Melba, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Georgia	BIRTHPLACE	Oklahoma
OCCUPATION	Mgr. Lumber Yard	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Gwayne
Melba, Ida
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed June 20 1922 Pearle Dodds
Registrar.

12/12/40 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 312-111-014-794

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Melba

No. ..... St.

Registration District No. .....

File No. 103089

Hospital .....

Primary Registration District No. 2006

Registered No. .....

FULL NAME OF CHILD James Everett Cason
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 11 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Plummer Frank Cason	FULL MAIDEN NAME	Fannie Irene Griffin
RESIDENCE	Melba, Id	RESIDENCE	Melba, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel Swayne
Melba, Id
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed June 20 1922 Leane Drake
Registrar.

K

JAN 23 1942

PLACE OF BIRTH

312-227-014-139

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Melba

No. ..... St.

Registration District No. 7 File No. 103090

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Lillian Cason

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 27 1922

What bactericidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	James Lamille Cason	FULL MAIDEN NAME	Eva Jarrett Allred
RESIDENCE	Melba, Ida	RESIDENCE	Melba, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne

(Physician or midwife) Melba, Ida

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 20 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1974

JUL 10 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

791 - 202-014-819

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103091

County of Canyon

~~City of~~ Melba

No. ..... St. ..... Registration District No. 7 File No. .....

Hospital ..... Primary Registration District No. 205 Registered No. .....

FULL NAME OF CHILD Elinor Teresa Graves
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 2 1922

What bacteriecidal solution was used in eyes? Argyrole 1.0%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	James H. Graves	FULL MAIDEN NAME	Nellie B. Harvey
RESIDENCE	Melba, Ida	RESIDENCE	Melba, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel M. Swayne

(Physician or midwife) Melba, Ida

Address .....

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed June 20 1922 Pearle Dodds Registrar.

MAR 9 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

[illegible]

No. 855-711-014-613 St.

(If born in hospital or institution give name.)

[illegible]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

[illegible]

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Robert Dean Henry

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male				Yes	June 11, 1922

FATHER	MOTHER
9. Full name: Edwin Carl Henry	18. Full maiden name: Esther Elizabeth Fall
10. Residence (usual place of abode) (If non-resident, give place and State): Custer So. Dak.	19. Residence (usual place of abode) (If non-resident, give place and State): Custer, So. Dak.
11. Color or race: White | 12. Age at last birthday: 20 (years)	20. Color or race: Wh | 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or Country): Edmondon, Canada	22. Birthplace (city or place) (State or Country): Des Moines, Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sawmill hand	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: _____, 19__ | 17. Total time (years) spent in this work:	25. Date (month and year) last engaged in this work: _____, 19__ | 26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 1:00 at a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Samuel A Swayne, M. D.

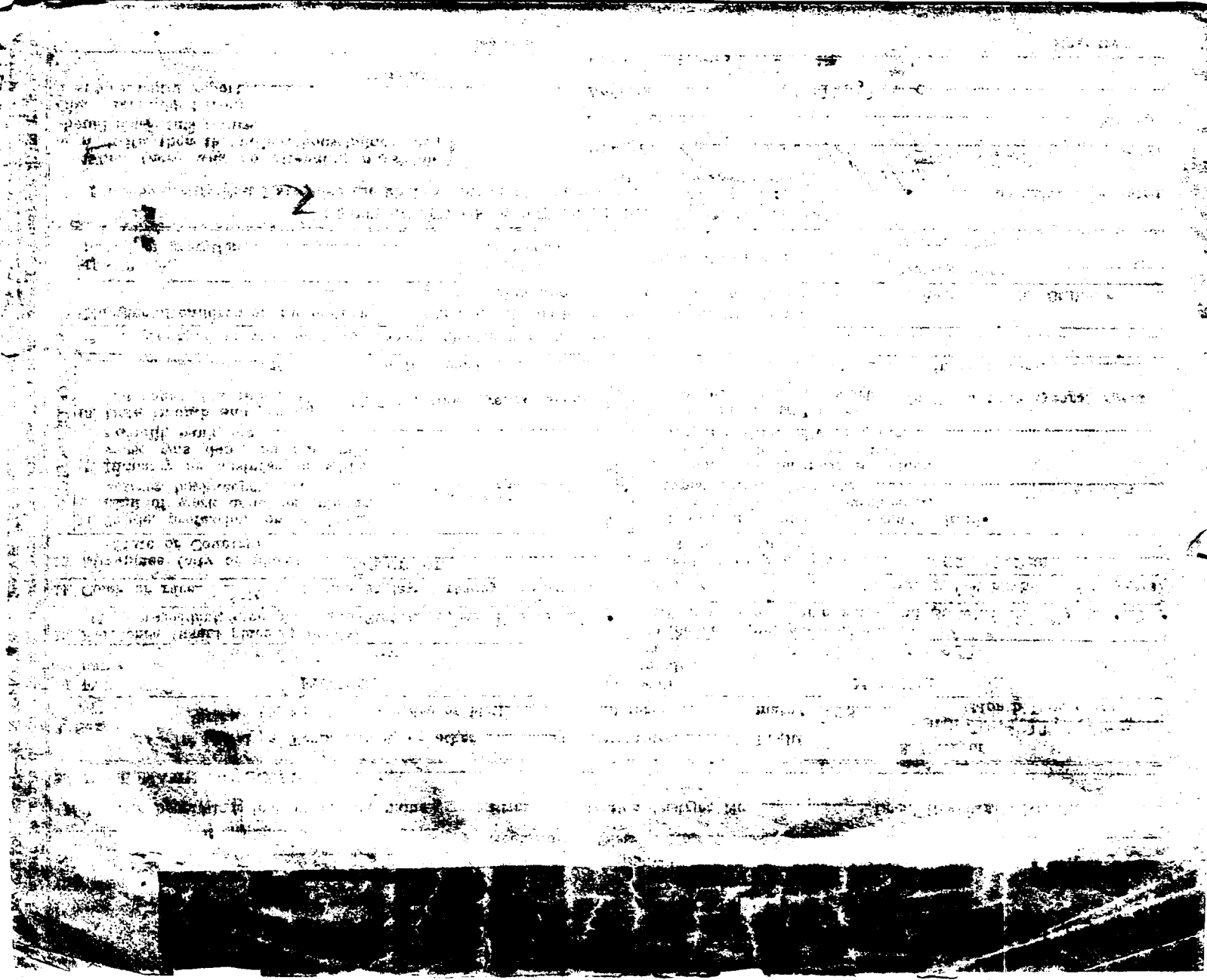
or _____, Midwife

Address Melba, Idaho

Give name added from a supplemental report _____ (Date of)

Filed June 20, 1922 M, [illegible] Pearle Dodds
Registrar.

_____
Registrar.



PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 914-216-014-81 St.

Registration District No. 7

File No. 103093

Hospital

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD Irene ~~Gerstine~~ Zamzow

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes.	June 16 1922

What bactericidal solution was used in eyes? Silver Nitrate 10% Sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Albert Carl Zamzow	FULL MAIDEN NAME	Lydia Valeska Hackert
RESIDENCE	Nampa - Idaho.	RESIDENCE	Nampa - Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Proctor

Physician.
(Physician or midwife)

Address Nampa - Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 15 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 8 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 103093

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Irene Ernstena Zamzow (Name on Original Certificate) who Born (Was Born or Died) on June 16, 1922 (Date of Event)
in Nampa Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal & Ins Policy (Bible Record, Insurance Policy, Etc.) prepared on June 16, 1922 & Jan 23, 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Middle name	Ernstena	Ernstine
Mother's birthplace	Germany	Minneapolis, Minn.

Subscribed and sworn to before me this 20th
day of July, 1943
Carey F. Martin
Notary Public, residing at Salem Oregon
My commission expires Dec. 6-1944
(Seal)

Signed Johanna Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1289 North Commercial St. Salem, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Marion } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of July, 1943
Carey F. Martin
Notary Public, residing at Salem, Oregon
My commission expires Dec 6-1944
(Seal)

Signed Louise F Kurz
(Signature of Any Credible Person Other Than Previous Year)
552 Stateman St
(Street Address, City, State)
Salem Ore

SEP 14 1943

751-129-014-367

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R#3 St.

Hospital ~~Mercy~~

Registration District No. 7 File No. 103094

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Jimmy Lapp Peacock

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	6/29 (Month) (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Glen N. Peacock	FULL MAIDEN NAME	Ora Lee Topp
RESIDENCE	R#3 Nampa, Ida	RESIDENCE	R#3 - Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Utah	BIRTHPLACE	Oak la homa
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo N Chilton

Nampa Idaho (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed July 10 1922 Pearle Dodge Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316-128-014-259

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R#3 St.

Registration District No. 7

File No. 103095

Primary Registration District No. 2002

Registered No.

Hospital

FULL NAME OF CHILD Jack N. Laws

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			—	yes	Jun 28 1922

FATHER

FULL NAME Clarence M. Laws

RESIDENCE R#3 Nampa Ida

COLOR White

AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Colorado

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mabel M. Berry

RESIDENCE R#3 - Nampa Ida

COLOR White

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo N. Chitton

Nampa Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed July 10 1922 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 9 1976

SEP 1 1942

963-120-014-235

Form V. S. No. 11-C--25m-7-21-19

RECEIVED JUL 12 1922

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. #4 R4D St.

Registration District No. 7 File No. 103096

Primary Registration District No. 2006 Registered No.

Hospital —

FULL NAME OF CHILD Robt. James Roth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Jun (Month) 20 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Menno E. Roth	FULL MAIDEN NAME	Ruth Stewart
RESIDENCE	R#4 - Nampa Idaho	RESIDENCE	R#4 - Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton, M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Nampa Idaho

Filed July 13 1922 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-130-014-289

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 12 1922

CERTIFICATE OF BIRTH

103097

County of Canyon

City of Nampa — Registration District No. 7 — File No.

No. Rt 3 St. — Primary Registration District No. 2004 — Registered No.

Hospital

FULL NAME OF CHILD Chas Arthur

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
male	—			Yes	6-30-22

FATHER

FULL NAME D M. ~~Taylor~~ Taylor

RESIDENCE Rt 3 Nampa

COLOR White — AGE AT LAST BIRTHDAY 51 (Years)

BIRTHPLACE Missouri

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Beulah Shryack

RESIDENCE Rt 3 Nampa

COLOR White — AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Kansas

OCCUPATION housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 20 A. M. on the date above stated.

(Signature) Leo W Chilton

(Physician or midwife)

Address Nampa Idaho

Filed July 10 1922 Pearle Dietz Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-228-014-819

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. — St.

Hospital Mercy

Registration District No. 7 File No. 103098

Primary Registration District No. 2556 Registered No.

FULL NAME OF CHILD Audrey Alberta Fithian

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	5/28 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. LeRoy Fithian	FULL MAIDEN NAME	Rose Hartwell
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton M D

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Ida

Filed July 15 1922 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1944

243-130-014-351

PLACE OF BIRTH

RECEIVED JUL 12 [illegible]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Registration District No. 7 File No. 103099

No. 18 - 16th No St.

Primary Registration District No. [illegible] Registered No.

Hospital

FULL NAME OF CHILD Jerry Buchta

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1		—	yes	6-30-22

FATHER	MOTHER
FULL NAME Frank Buchta	FULL MAIDEN NAME Josephine Seynoha
RESIDENCE 18 - 16th St no Nampa	RESIDENCE 18 - 16th St no. Nampa
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Bohemia	BIRTHPLACE Bohemia
OCCUPATION Laborer	OCCUPATION House wife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 27 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton

Nampa Idaho

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed July 10 1922 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 7 1972

266-229-014-695

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 12 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Carnation Hts. St.

Registration District No. 7 File No. 103100

Primary Registration District No. 1006 Registered No.

Hospital —

FULL NAME OF CHILD Ora Lee-Wine Sword

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	5/29 (Month) (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. J. Sword	FULL MAIDEN NAME	Ada Wine
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kansas.
OCCUPATION	Lobarer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton M.D.

Nampa Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed July 10 1922 Pearle [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1944

854-216-c 14-244

PLACE OF BIRTH

RECEIVED JUL 12 19[illegible]
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 103101

No. 102-19½ Ave S St.

Primary Registration District No. 1506 Registered No.

Hospital —

FULL NAME OF CHILD Jane Katherin Hedrick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	6 - 16 - 1922

FATHER	MOTHER
FULL NAME: Albert F. Hedrick	FULL MAIDEN NAME: Myrtle E. Smith
RESIDENCE: 102-19½ Ave So Nampa	RESIDENCE: 102-19½ Ave So Nampa
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Idaho
OCCUPATION: O.S.L. conductor	OCCUPATION: House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 45 a. M. on the date above stated.

(Signature) Leo W Chilton

Physician & Surgeon (Physician or midwife)

Address Nampa Idaho

Filed July 16 1922 Pearle L. Dodds Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 9 1973

600-822-214-843

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 12 19[illegible]
BURE[illegible]

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No. ____ St. ____
Hospital ____

Registration District No. 7 File No. 103102
Primary Registration District No. 1006 Registered No. ____

FULL NAME OF CHILD Louise Helen Woodard.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	June 22 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Solution

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George W. Woodard	FULL MAIDEN NAME	Pearl Edna Hill
RESIDENCE	Nampa - Idaho	RESIDENCE	Nampa - Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19.
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho.
OCCUPATION	Truck-Driver	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Address ____

Filed July 10 1922 Pearle Dodds
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1975

366-119.014-7/2

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103103

County of Canyon

City of Nampa,

No. 410-15 ave. N. St.

Registration District No. 7 File No.

Hospital

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD William Monroe Towery

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 19 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William C. Towery	FULL MAIDEN NAME	Natalie Anna Pascoe
RESIDENCE	Nampa - Idaho	RESIDENCE	Nampa - Idaho.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Electrician	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 9 A. M. **on the date above stated.**

(Signature) Geo. K. Proctor

Physician.
(Physician or midwife)

Address

Filed Jul. 10 1922 Pearle Dodds
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-107.014-293

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 12 1922 VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 103104

No. ____ St.

Primary Registration District No. 1006 Registered No. ____

Hospital ____

FULL NAME OF CHILD Floyd Marvin Henry.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes.	June 7 1922

FATHER		MOTHER	
FULL NAME	Orin M. Henry	FULL MAIDEN NAME	Eunice Dorthy Bickford
RESIDENCE	Nampa - Ida.	RESIDENCE	Nampa - Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Boise - Ida.	BIRTHPLACE	Perkins, Oklahoma.
OCCUPATION	Ditch Rider	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar.

(Signature) Dr. Thos E. Naugunn
Physician Per M.H.
(Physician or midwife)

Address Nampa - Idaho.

Filed July 10 1922 Pearle Dodds
Registrar.

c.c. 6/20/41. w .h.

859-215-014-000

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 12

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa.

Registration District No. 7 File No. 103105

No. ..... St.

Primary Registration District No. 1006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gracia Louis Hertle.

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth June 18 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edmund Henry Hertle	FULL MAIDEN NAME	
RESIDENCE	Nampa, Idaho.	RESIDENCE	Nampa, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebraska.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Thos. E. Mangum

Physician Per. M.H.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa - Idaho.

Registrar.

Filed July 10 1922 Pearle Dodds

Registrar.

7-1-41

H 2 no mother

Amended 3/10/70

PLACE OF BIRTH
813-20/0014-566
County of Canyon
City of Nampa
No. 7 Ave & 7 St No.
Hospital ——

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 103106

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Arlyne Hackney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	#	#	yes	May 1st 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Asa Lee Hackney	FULL MAIDEN NAME	Victoria Roonchester
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Fur Wool Buyer	OCCUPATION	Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:45 P. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
201-2-3 Waddell Bldg Nampa Idaho
(Physician or Midwife)
Address

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 10 1922 Pearle Dibble
Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 9 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
FEB 9 1970
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon

Certificate No. 103106

Date Filed July 12, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Orlean Hackney (Name on Original Certificate) who was born (Was Born or Died) on May 1, 1922 (Date of Event)
in Nampa, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Orlean Hckney	~~Arlene~~ Hackney
		ARLYNE

Subscribed and sworn to before me this 27 day of January, 1970

Ernest G. Schoen

Notary Public, residing at Nampa, Idaho

My commission expires June 4, 1970
(Seal)

X Signed Bessie M. Dye
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

339 westwood Blvd, Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 1/9/70 nm

Grade Certificate from Link's School of Business Boise, ID December 12, 1940 gives name as Arlyne Hackney. Signed by Gale E. Matthews. Viewed by V. S. MAR 23 1970

Certificate of Birth Registration for William David Roth, Jr. born March 7, 1947 at Nyack, New York to William David Roth, St. and Arlyne Hackney. Dated Filed March 10, 1947. Signed by John Bartels, Jr. Viewed by V. S.

433206 - 14653

PLACE OF BIRTH

RECEIVED JUL 12 19 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No 124 - 22nd Av. S St.

Registration District No. 7 File No. 103107

Hospital

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Dorothy Irene McConnel.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 6 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Willard E. McConnel	FULL MAIDEN NAME	Helen M. Felch
RESIDENCE	Nampa - Idaho	RESIDENCE	Nampa Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Baker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed June 22 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 6 1943

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No. 223 15th Ave N St. Registration District No. 7 File No. 103108
Hospital Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD William Fredrick Barker.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	June 2 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Solution.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: William Fredrick Barker	FULL MAIDEN NAME: Mattie Winterton
RESIDENCE: Nampa - Idaho.	RESIDENCE: Nampa - Idaho.
COLOR: White	COLOR: White.
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: New York.	BIRTHPLACE: New York.
OCCUPATION: Laborer.	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:10 P. M. (Born alive or still born) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 22 1922 Pearle Dodd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 12 1944

864-118-814-957

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

County of Canyon

City of Nampa

No. 1624 - 2nd St. N. St. Registration District No. 7 File No. 103109

Hospital Mercy Primary Registration District No. 1106 Registered No.

FULL NAME OF CHILD John O. Young Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	May 18 1922

What bactericidal solution was used in eyes? Silver Nitrate 1 o/o Solution

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John O. Young	FULL MAIDEN NAME	La Verda Read.
RESIDENCE	Nampa - Idaho.	RESIDENCE	Nampa Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Utah.
OCCUPATION	Carpenter, Concrete Worker.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor
Physician.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed June 22 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1955

814-230-814-993

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 103110

County of Canyon
City of Nampa
No. R. R. # 5 St.
Registration District No. 7
Hospital
Primary Registration District No. 1006
Registered No.

FULL NAME OF CHILD Isabelle Hamilton.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	May 30 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Robert Elmer Hamilton	FULL MAIDEN NAME	Nellie Richey.
RESIDENCE	Nampa - Idaho.	RESIDENCE	Nampa - Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Ohio.
OCCUPATION	Rural Letter Carrier	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 A. M.
(Born alive or stillborn)
on the date above stated.

(Signature) Geo. K. Proctor
Physician.
(Physician or midwife)

Address

Filed June 22 1922 Pearl Dunn
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1941

296-(26-664-652

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No. 522 - 13th Av. S. St.
Registration District No. 7
File No. 103111
Hospital
Primary Registration District No. 1556
Registered No.

FULL NAME OF CHILD Franklin Marion Browning
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	June 1st 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Solution

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clyde L. Browning	FULL MAIDEN NAME	Ada Webb.
RESIDENCE	Nampa - Idaho	RESIDENCE	Nampa - Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon.
OCCUPATION	Travelling Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.35 a. M. on the date above stated.

(Signature) Geo. P. Proctor
Physician.
(Physician or midwife)

Address

Filed June 22 1922 Pearl Dodds
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1941

819 PLACE OF BIRTH 862

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

County of Canyon
City of Nampa
No. 1007 - 11th S. St. Registration District No. 7 File No. 103112
Hospital Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Geraldine June Harris.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 11 1922

What bactericidal solution was used in eyes? Silver Nitrate 10% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence D. Harris	FULL MAIDEN NAME	Francis M. Hosack.
RESIDENCE	Nampa - Idaho.	RESIDENCE	Nampa - Idaho.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	North Dakota	BIRTHPLACE	Idaho.
OCCUPATION	Mechanic	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Proctor
Physician.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed June 22 1922 Pearl Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1964

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] PLACE OF BIRTH

155-204 016-356

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

Registration District No. 119 File No. 103113

No. ..... St.

Hospital At home

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Mary Charlotte Jenkins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	June 4 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	LeBaron H Jenkins	FULL MAIDEN NAME	Nellie Leonard
RESIDENCE	Albion Idaho	RESIDENCE	Albion Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	England	BIRTHPLACE	Boston Mass.
OCCUPATION	Minister of the Gospel	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malta Idaho

Filed July 1 1922 C I Sater

Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF [illegible] WELFARE

RECEIVED
AUG 25 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192... 192...

Dear Mad

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .... Albion

Street .....

County .. Cassia

File Number 103113

Registration Dist. No. .....

Date of Birth ... June 4 ..... 1922.

Sex of Child ..... Female

Father LeBaron Hazen Jenkins (Full Name)

Mother Nellie Leonard Jenkins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Charlotte Jenkins (Child's Name in Full)

Nellie L. Jenkins (Signature of Father or Mother)

MAR 2 8 1973

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-202-016-574

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

County of Cassia

City of Almo — Registration District No. 119 — File No. 103114

No. 9 St. 5

Hospital At Home — Primary Registration District No. ____ — Registered No. ____

FULL NAME OF CHILD Virginia Beryl Ward

Sex of Child Female | Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 2 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Asaf E Ward

RESIDENCE Almo Idaho

COLOR White — AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Cassia Co. Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Alice Eames

RESIDENCE Almo Idaho

COLOR White — AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Almo Idaho

OCCUPATION House wife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) C L Sater M D

(Physician or midwife)

Address Malta Idaho

Filed July 1 1922

C. L. Sater
Registrar

STATE OF IDAHO

RECEIVED
AUG 17 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... AUG. 2 ..... 1923 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Almo

Street: .....

County: Cassia

File Number: 103114

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: June 2nd 1923

Father: Asoal E. Ward (Full Name)

Mother: Alice Ward (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Virginia Beryl Ward.

Child's Name in Full

Asoal E. Ward

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

119-106-016-632

[redacted]

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elba Cassia

City of Elba

No. ..... St.

Hospital At home

Registration District No. 119 File No. 103115

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD KEITH OLSEN DARRINGTON

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	June 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Darrington	FULL MAIDEN NAME	Ruby M. Olson
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Elba Idaho	BIRTHPLACE	Hooper Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malta Idaho

Filed July 1 1922 C. I. Sater Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia

Certificate No. 103115

Date Filed

The undersigned does solemnly swear that certain facts on the birth- certificate of Keith Olsen Darrington (Birth or death)
for Olsen Darrington (Name on original certificate) who born (Was born or died) on June-6- 1922 (Date of event)
in Elba, Idaho. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family and Church record (Bible record, insurance policy, etc.) prepared on cert.of bless ing- (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Darington	Darrington
Name	Unnamed	Keith Olsen

Subscribed and sworn to before me this 5th day of Nov, 19 41.

Signed Lorenzo Darrington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Malta, Idaho

My commission expires Jan-25-1945.

[SEAL]

Elba, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of Nov, 19 41.

Signed Mrs Eva Hurd,
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at Malta, Idaho

My commission expires Jan-25-1945.

[SEAL]

Elba, Idaho.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 103115

Date Filed July 1, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Keith Olsen Darrington (Name on Original Certificate) who was born (Was Born or Died) on June 6, 1922 (Date of Event)
in Elba, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's First Name	Alonzo	Lorenzo

Subscribed and sworn to before me this 23 day of Sept, 19 53

Notary Public, residing at Malta, Idaho.
My commission expires January-25-1957
(Seal)

Signed Ruby M. Darrington Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Elba Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of Sept, 19 53

Notary Public residing at Malta, Idaho.
My commission expires January-25-1957
(Seal)

Signed Lorenzo Darrington (Father)
(Signature of Any Credible Person)

Elba Idaho.
(Street Address, City, State)

FORM DPH - 51117

SEP 29 1953

812-111-8/6-632

Rec'd 7-12-22
amend items 1&7 7-26-83
dl

TYPE OR PRINT IN PERMANENT INK

State of Idaho
CERTIFICATE OF LIVE BIRTH

State File No. 103116
Local Reg. No. _____
Reg. Dist. No. _____

CHILD

1. CHILD-NAME FIRST	MIDDLE	LAST	2. SEX	3a. DATE OF BIRTH (Mo., Day, Yr.)	3b. HOUR
Orvis	Otto	Haskell	Male	June 11, 1922	10 PM

4a. INSTITUTION NAME (If not in hospital or clinic, give street and number)	4b. CITY, TOWN OR LOCATION OF BIRTH	4c. COUNTY OF BIRTH
(at Home)	Sublett	Cassia

CERTIFIER

I certify that stated information concerning this child is true to the best of my knowledge and belief.

5a. (Signature) ▶	5b. DATE SIGNED (Mo, Day, Yr.)	5c. NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)
Mrs. Dan Horn		

5d. CERTIFIER NAME AND TITLE (Type or print)	5e. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
Mrs. Dan Horn Midwife	Sublett, Idaho

6a. REGISTRAR (Signature) ▶	6b. DATE RECEIVED BY REGISTRAR (Month, Day, Year)
C.J. Sater	July 1, 1922

MOTHER

7a. MOTHER-MAIDEN NAME FIRST	MIDDLE	LAST	7b. AGE	7c. STATE OF BIRTH (If not in U.S.A., name country)
Clarissa	May	Olsen	26	Elba Idaho

8a. RESIDENCE STATE	8b. COUNTY	8c. CITY, TOWN OR LOCATION	8d. STREET AND NUMBER OF RESIDENCE	INSIDE CITY LIMITS (Yes or No) 8e.
Idaho	Cassia	Sublett		

MOTHER'S MAILING ADDRESS - If same as above, enter Zip Code only — ZIP CODE

9.

FATHER

10a. FATHER-NAME FIRST	MIDDLE	LAST	10b. AGE	10c. STATE OF BIRTH (If not in U.S.A., name country)
Irvin		Haskell	30	Utah

I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.	RELATION TO CHILD
11a. (Signature of Parent or Other Informant) ▶	11b.

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

12. RACE-MOTHER (White, Black, American Indian, Japanese, etc.)	13. RACE-FATHER (White, Black, American Indian, Japanese, etc.)	14. BIRTH WEIGHT	15a. THIS BIRTH - Single, twin, triplet, etc.	15b. IF NOT SINGLE - Born first, second, third, etc.	16. IS MOTHER MARRIED? (At birth, conception, or any time between) (Yes or No)

DEATH UNDER ONE YEAR OF AGE
Enter State File Number of death certificate for this child

PREGNANCY HISTORY (Complete each section)		18. EDUCATION – MOTHER (Specify only highest grade completed)		19. EDUCATION – FATHER (Specify only highest grade completed)	
LIVE BIRTHS (Do not include this Child)	OTHER BIRTHS/TERMINATIONS (Include stillbirths, miscarriages, and induced terminations)	Elementary or Secondary (0-12)	College (1-4 or 5+)	Elementary or Secondary (0-12)	College (1-4 or 5+)
17a. Now 17b. Now	17d. Before 20 17e. After 20				

DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)	MONTH OF PREGNANCY PRENATAL CARE BEGAN (First	PRENATAL VISITS Total number (If none, so state)	APGAR SCORE 1 min. 5 min.

9-29-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 22 10 06 AM '83

State of _____ } ss.
County of _____

Certificate No. 103116
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Otto Haskell (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 11, 1922 (Date of Event)

in Sublett (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Otto Haskell	Orvis Otto Haskell
Mothers name	Clara May Olson	Clarissa May Olsen

Subscribed and sworn to before me this 23 day of June, 1983

Notary Public, Pat H Miller
Residing at SL Co
My commission expires 10-13-84
(Seal)

X Orvis O. Haskell
Signature of Applicant
2792 So. 8950 W. Magna, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of SALT LAKE

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of June, 1983

Notary Public, Pat H Miller
Residing at SL Co.
My commission expires 10-13-84
(Seal)

Clarissa May Haskell
Supporting Signature
1622 Blair St. Salt Lake City, Utah
Street Address, City, State

1 cc pd

Certificate of Blessing from LDS Church gives Orvis Otto Haskell son of Irvin E Haskell and Clarissa May Olsen born June 11, 1922 at Sublett was blessed July 2, 1922. Viewed by V.S.

Certificate of Baptism from LDS Church gives Orvis Otto Haskell son of Irvin E Haskell and Clarissa May Olsen born June 11, 1922 at Sublett was baptised June 11, 1930. Viewed by V.S.

619-230-016-859

PLACE OF BIRTH

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

103117

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 130 File No. XXVII

Primary Registration District No. 2199 Registered No. 80

FULL NAME OF CHILD Grace Wood
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	May 30 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Melvin Wood	FULL MAIDEN NAME	Andrei Heiner
RESIDENCE	Oakley Id.	RESIDENCE	Oakley Id.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3.10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. O. Nielson
(Physician or midwife)

Address Oakley, Idaho

Filed June 30 1922 N. F. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO

WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Place of Birth — Street: .....

Place of Birth — County: ~~Minidoka~~ Cassia

File Number: 103117

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 20 1922

Father: Charles Melvin Warr
Full Name

Mother: Audrey Heiner
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Grace Warr
Child's Name in Full

Audrey Heiner Warr
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

SEP 2 1 1944

864-2 30-016-235

PLACE OF BIRTH

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103118

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 120

File No. XXVII

Hospital

Primary Registration District No. 2199

Registered No. 79

FULL NAME OF CHILD Roberta May Young
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	May 30 1922

What bactericidal solution was used in eyes? Ag No. 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chas. E. Young	FULL MAIDEN NAME	Leah Stewart
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Minnesota	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11.40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. O. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed June 30 1922 R. F. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1970

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
SEP 6 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, AUG 7 1922 192...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley, Idaho

File Number: 103118

Street:

Registration Dist. No.:

County:

Date of Birth: May 30 1922

Sex of Child: Female

Father: Charley Royal Young (Full Name)

Mother: Leah Vera Stewart (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Roberta Mae Young
Child's Name in Full

Mrs. Charley Young
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

391-129016-355

PLACE OF BIRTH

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

103119

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXVII

Primary Registration District No. 2199 Registered No. 78

FULL NAME OF CHILD Garner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	May 29 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Arleth Garner	FULL MAIDEN NAME	Gladys Lee
RESIDENCE	Churchills Id.	RESIDENCE	Churchills Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:35 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed June 30 1922 A. F. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-123-016-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

103120

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. 1 St.

Hospital

Registration District No. 120 File No. XX VII

Primary Registration District No. 299 Registered No. 77

FULL NAME OF CHILD Gee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 23 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	L. P. Gee	FULL MAIDEN NAME	Clara Smith
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12.55 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielsen
(Physician or midwife)

Address Oakley Idaho

Filed June 30 1922 A. F. O. Nielsen
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

622-113-016-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

103121

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

No. ..... Local Reg. No. 120 File No. XXVII

Hospital ..... Primary Registration District No. 299 Registered No. 76

FULL NAME OF CHILD Glen Orvell Osborne
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/ and / (To be answered only in event of plural births)		Yes	May 13 1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Joseph Oliver Osborn	FULL MAIDEN NAME	Isabel Stanger
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 a. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Raine, M.D.
(Physician or midwife)

Address Oakley Idaho

Filed June 30 1922 H. F. Nelson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1922

BUREAU

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG 7 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Oakley Idaho; Street .....; County .....

File Number 103121

Registration Dist. No. .....

Sex of Child Male

Date of Birth 13 of May 192 2

Father Joseph Osborne (Full Name)

Mother Mary Isabell Stang (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Glen Antwell Osborne
Child's Name in Full

Joseph Oliver Osborne
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

331-208-016-319

PLACE OF BIRTH

RECEIVED JUL 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103122

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 12a File No. XXVII

Hospital ..... Primary Registration District No. 299 Registered No. 75

FULL NAME OF CHILD Gloria Clark

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	May 8 1922

What bactericidal solution was used in eyes? Argyrol 1/3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Heber D. Clark	FULL MAIDEN NAME	Lilly Card
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Germany
OCCUPATION	Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3.45 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. D. Nelson

(Physician or midwife)

Address Oakley Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 30 1922 M. D. Nelson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO

Boise, Idaho, AUG 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Oakley
- Street: Main St.
- County: Cassia

File Number: 103122

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 8, 1922

Father: [illegible] Dontarlos Clark
Full Name

Mother: ~~Gloria Clark~~
Full Maiden Name
Lily May Ca[illegible]

I HEREBY CERTIFY that the child described herein has been named:

Gla[illegible]
Child's Name in Full

[illegible] Clark
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

JAN 2 0 1976

719-205-016-843

PLACE OF BIRTH

RECEIVED JUL 13 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

103123

CERTIFICATE OF BIRTH

County of Cassia

City of Churchill

No. ..... St.

Hospital .....

Registration District No. 130 File No. AX 44

Primary Registration District No. 2199 Registered No. 74

FULL NAME OF CHILD Luella Garrard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	May 5 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Richard Garrard	FULL MAIDEN NAME	Codell Hill
RESIDENCE	Churchill Idaho	RESIDENCE	Churchill Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7.25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nelson
(Physician or midwife)

Address Oakley Idaho

Filed June 30 1922 A. F. O. Nelson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Churchill

Street:

County: Cassia Co. Idaho

File Number: 103123

Registration Dist. No.:

Sex of Child: Female

Date of Birth: May 5 1922.

Father: Richard Garrard (Full Name)

Mother: Mary Cloudella Hill (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Luella Garrard
Child's Name in Full

Mary Cloudella Garrard.
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-

669-204-016-813

PLACE OF BIRTH

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

103124

CERTIFICATE OF BIRTH

County of Oneida

City of Oakley

No. ..... St.

Hospital

Registration District No. 130 File No. XXVII

Primary Registration District No. 249 Registered No. 23

FULL NAME OF CHILD Minnie Norwood

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 6 1922

What bactericidal solution was used in eyes? Argyrol 1

Number of child of this mother including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Tracy Norwood	FULL MAIDEN NAME	Lettie Hall
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Nielson
(Physician or midwife)

Address Oakley Idaho

Give names added from a supplemental report.

....., 19.....

Filed June 30 1922 J. A. Nielson
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FURNISHI'G TH

Boise, Idaho, ... 7 ..... 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Oakley
- Street: College Ave
- County: Cassia

File Number: 103124

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 4 1922

Father: Walter Tracy Worwood
Full Name

Mother: Sarah Annie Hale
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Minnie Worwood
Child's Name in Full

Sarah A Worwood
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed [illegible]

DEC 28 1943

236-227.01k -3/2

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

103125

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Oakley

No. ..... St.

Hospital

Registration District No. 220

Primary Registration District No. 299

File No. XXVII

Registered No. 87

FULL NAME OF CHILD Gleva Stout

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 27 1922

What bacteriocidal solution was used in eyes? Arg. Nit. 3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	J. R. Stout	Pearl La Bria
RESIDENCE	Oakley, Idaho	Oakley, Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Mo.	South Dakota
OCCUPATION	Auto-Driver	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) A. F. Nelson

(Physician or midwife)

Address Oakley Idaho

Filed June 30 1922 A. F. Nelson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

[illegible] na[illegible]

[illegible] FURNISHING THE NAME OF YOU

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street:

County: Cassia

File Number: 103125

Registration Dist. No.:

Date of Birth: 27 June 192.2

Sex of Child: Female

Father: Jesse R. Stout (Full Name)

Mother: Pearl LaBrie (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gleva Stout (Child's Name in Full)

Mrs J. R. Stout (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of [illegible]

399-228-016-731

PLACE OF BIRTH

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

103127

CERTIFICATE OF BIRTH

County of Cassia
City of Oakley
No. ..... St.
Hospital .....

Registration District No. 120 File No. XXVII
Primary Registration District No. 2199 Registered No. 88

FULL NAME OF CHILD Melda Pearl Critchfield
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	June 28 1922

What bactericidal solution was used in eyes? Ag. No. 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	L. R. Critchfield	FULL MAIDEN NAME	Zella L Plant
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9.30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. O. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed June 30 1922 A. G. O. Nielson
Registrar.

Give names added from a supplemental report.

....., 19....

3-26-31 Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MC

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...of birth, it is ...

...ith the BUREAU OF VITAL STAT...

...rnishing the name of the child.

...FURNISHING THE NAME OF YOUR

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street: .....

County: Cassia

File Number: 103127

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: June 28 1922

Father: Lewis R. Critchfield
Full Name

Mother: Zella Irene Plant
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Shelda Pearl Critchfield
Child's Name in Full

Zella I. Critchfield
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this ti[illegible]

243-119-016-299

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

103128

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital

Registration District No. 120 File No. 2244

Primary Registration District No. 299 Registered No. 85

FULL NAME OF CHILD Farnell Sutton

(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet~~ or other?	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	1	Yes	June 9 1922

What bactericidal solution was used in eyes? Ag No. 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth

	FATHER	MOTHER
FULL NAME	J. D. Sutton	FULL MAIDEN NAME Irene Bizek
RESIDENCE	Oakley Idaho	RESIDENCE Oakley Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) A. F. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed June 30 1922 A. F. Nielson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-116-816-1 42

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103129

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

County of Cassia
City of Oakley
No. 1 St.
Hospital
Registration District No. 1-a
Primary Registration District No. 199
File No. XX 44
Registered No. 84

FULL NAME OF CHILD Golden Lavon Larsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	June 16 1922

What bacteriocidal solution was used in eyes? Ag. No. 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Joseph Larsen	FULL MAIDEN NAME Isabell Lake
RESIDENCE	Oakley Idaho	Oakley Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY	38 (Years)	28 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.35 P. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) A. L. Nelson
(Physician or midwife)
Address Oakley Idaho
Filed June 30 1922 A. L. Nelson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ME OF YOUR CHIL

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ..... Oakley .....

Street .....

County ..... Cassia .....

File Number ..... 103189 .....

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth ..... [illegible] 6 ..... 192[illegible]

Father ..... [illegible] Full Name

Mother ..... [illegible] Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... [illegible] .....

Child's Name in Full

..... [illegible] .....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATIS-

813-113-216-466

PLACE OF BIRTH

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103130

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Cassia

City of Oakley

No. ____ St.

District No. 120

File No. XX41

Hospital ____

Primary Registration District No. 2197

Registered No. 83

FULL NAME OF CHILD Hale Vernis Loyal

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	June 10 1922

What bactericidal solution was used in eyes? Cr No 1

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Loyal Hale	FULL MAIDEN NAME	Lila Moore
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, **at** 12 M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. V. Nielson

(Physician or midwife)

Address Oakley Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 30 1922 M. O. Nielson

Registrar.

[illegible] ...ete[illegible] ...me of the [illegible]ild.

[illegible] BY FURNISHI[illegible] [illegible] YOUR CHILD.

Dear Madam: STATE OF IDAHO

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street:

County: Cassia

File Number: 103130

Registration Dist. No.:

Sex of Child: Male

Date of Birth: June 13 1922

Father: Loyal S. (Full Name)

Mother: Lila Moore (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Vernis Loyal Hale (Child's Name in Full)

Lila M. Hale (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is im-

213-111-016-159

PLACE OF BIRTH

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

103131

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital

Registration District No. 130 File No. XXVII

Primary Registration District No. 2197 Registered No. 82

FULL NAME OF CHILD Frankie A. Bales

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 11 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Glenn Bales	FULL MAIDEN NAME	Vira Anderson
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 6.30 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) W. W. Wilson

(Physician or midwife)

Address Oakley Idaho

Filed June 30 1922 W. F. Nielson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-103-016-539

PLACE OF BIRTH

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103132

County of Cassia

City of Oakley

No. ..... St.

Hospital

Registration District No. 130 File No. XXVII

Primary Registration District No. 294 Registered No. 81

FULL NAME OF CHILD Clifton Monroe Adams
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 3 1922

What bactericidal solution was used in eyes? Argyrol 30

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Fred Adams	FULL MAIDEN NAME	Gena Elison
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) W. F. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed June 30 1922 W. F. Nielson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ted by ...g the name of the

...NISHING THE NAME OF YOUR CHILD.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street: .....

County: Cassia

File Number: 103132

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: June 3rd 1922

Father: Jno. Fredrick Adams (Full Name)

Mother: Geneva Elsion Adams (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ashton Monroe Adams (Child's Name in Full)

Geneva E. Adams (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is im-

553-121-016-553

Name added 4-16-85 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103133

County of Gooding

City of Oakley

No. ..... St.

Hospital

Registration District No. 120 File No. XXVII

Primary Registration District No. 297 Registered No. 72

FULL NAME OF CHILD Jack Elliott Nelson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	April 21 1922

What bactericidal solution was used in eyes? Arg. No. 3

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	J. R. Nelson	Emma Elliott
RESIDENCE	Oakley Idaho	Oakley Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	38	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) M. C. Nelson

(Physician or midwife)

Address Oakley Idaho

Filed June 30 1922 M. E. Sheldon Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1975

2-14-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 25 1 02 PM '85

State of CALIFORNIA
County of LOS ANGELES } ss.

Certificate No. 103133
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Nelson (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 21, 1922 (Date of Event)

in Oakley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Jack Elliott Nelson

OFFICIAL SEAL
VIRGINIA CERO
Notary Public-California
LOS ANGELES COUNTY
My Comm. Exp. Mar. 6, 1987

Subscribed and sworn to before me this 19th day of Feb.

Notary Public, Virginia Cerro
Residing at 18263 Van Ness, Torrance, CA 90504
My commission expires Exp. Mar. 6, 1987
(Seal)

Jack E. Nelson
Signature of Applicant
12045 Julius Ave., Downey, CA 90242
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of LOS ANGELES } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of Feb, 19 85

Notary Public, Virginia Cerro
Residing at 18263 Van Ness, Torrance, CA 90504
My commission expires
(Seal)

OFFICIAL SEAL
VIRGINIA CERO
Notary Public-California
LOS ANGELES COUNTY
My Comm. Exp. Mar. 6, 1987

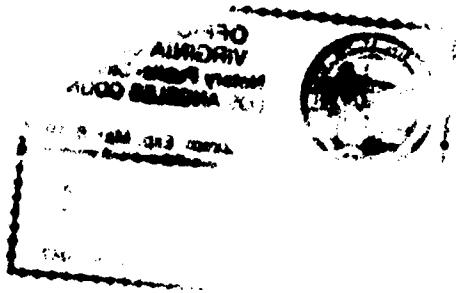
Richard D. Nelson
Supporting Signature
1943 E. HAYDEN CAMARILLO
Street Address, City, State
CA 93010

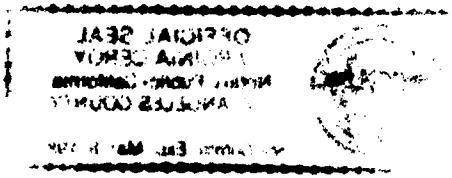
1 cc pd

Insurance record lists insured as Jack E Nelson born 4-21-22 in Oakley
Dated Oct 16, 1968. Viewed by V.S.

California Drivers License issued 4-25-69 to Jack Elliott Nelson
born 4-21-22 . Viewed by V.S.

APR 16 [illegible]





213-120-016-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

103134

CERTIFICATE OF BIRTH

RECEIVED JUL 13 1922

County of Cassia

City of Oakley

No. ____ St.

Registration District No. 120 File No. XXVII

Hospital ____ Primary Registration District No. 219 Registered No. 71

FULL NAME OF CHILD Dallas Ray Butler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	April 2nd 1922

What bactericidal solution was used in eyes? Ag. No. 1

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	John Butler	FULL MAIDEN NAME	Charlotte Hansen
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Wilson
(Physician or midwife)

Address Oakley Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 30 1922 W. D. Wilson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AME OF YOUR

REGISTERED AUG 19 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Place of Birth — Street: .....

Place of Birth — County: Cassia

File Number: 103134

Registration Dist. No.: 2

Sex of Child: Male

Date of Birth: April 20 1922

Father: John R Butler (Full Name)

Mother: Charlotte Hansen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dallas Kay Butler (Child's Name in Full)

Charlotte H. Butler (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing [illegible] of the child.

539-116.016-813

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103135

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

County of Cassia
City of Oakley
No. ..... St.
Hospital .....
Registration District No. 132
Primary Registration District No. 2199
File No. XXVII
Registered No. 70

FULL NAME OF CHILD JAY ROSS Elison
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	April 16 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Fred Elison	FULL MAIDEN NAME	Geneva Halverson
RESIDENCE	Oakley Ida	RESIDENCE	Oakley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Stock Raiser	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. D. Sheldon
(Physician or midwife)
Address Oakley Idaho

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed June 30 1922 N. D. Sheldon
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1 2008

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 103135
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Elison (Name on original certificate) who Born (Was born or died) on Apr 16, 1922 (Date of event)
in Oakley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed	Jay Ross Elison

Subscribed and sworn to before me this 17
day of Dec, 1944
Earl Whitley
Notary Public, residing at Oakley Ida
My commission expires 3/25/1947
[SEAL]

Signed Gertrude Elison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Oakley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17
day of Dec, 1944
Earl Whitley
Notary Public, residing at Oakley Ida
My commission expires 3/25/1944
[SEAL]

Signed Amanda Whitley
(Signature of any credible person other than the previous affiant.)
Oakley Idaho
(Street Address, City, State)

Received for filing on DEC 21 1942 By
(Registrar's signature)

796-215-016-945

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

103136

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration No. 120 File No. XXVII

Primary Registration District No. 2199 Registered No. 69

FULL NAME OF CHILD Katherine Dolorus Grohasky
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	April 15 1922

What bactericidal solution was used in eyes? Ag No 31

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Henry Grohovsky	FULL MAIDEN NAME	Gale Roe (Roe)
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	California	BIRTHPLACE	Ohio
OCCUPATION	Banker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed June 30 1922 A. F. Nielson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

y furnishing the name of the c

FURNISHING THE NAME OF YOUR

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 103136

Registration Dist. No. .....

Sex of Child Female

Date of Birth .....192....

Father .....
Full Name

Mother .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Katherine Dolores Grohasky
Child's Name in Full

Mrs Gail Grohasky
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the

215-113-216-62-3

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 15 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley.

No. ..... St.

Hospital .....

Registration District No. 117 File No. 103137

Primary Registration District No. 2196 Registered No. 2304

FULL NAME OF CHILD VERNON ORVILLE SAVAGE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes.	June 13 1922

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	J. W. Savage	FULL MAIDEN NAME	Bertha Osterhout
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farming.	OCCUPATION	None.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley. Idaho.

Filed June 19 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gooding } ss.

Certificate No. 103137

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Vernon Orville Savage (Name on Original Certificate) who Born (Was Born or Died) on June 13-1922 (Date of Event)
in Wells, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Ins Policy (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Vernon Orville Savage

Subscribed and sworn to before me this 6th
day of July 1942
Lawrence L. Jefferson
Notary Public, residing at Glenns Ferry, Idaho
My commission expires Sept 17-1942
(Seal)

Signed Bertha Savage
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Wendell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 16 1942

2566 21 31 016-254

PLACE OF BIRTH

RECEIVED
JUL 15 1922
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 103138

Hospital ..... Primary Registration District No. 2196 Registered No. 2305

FULL NAME OF CHILD Thora Snow

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	June 13 192

What bacteriolidal solution was used in eyes? Silver Nitrate

Number of child of this mother including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	P. B. Snow.	Luella Thompson.
RESIDENCE	Burley Ida.	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Farming	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. J. L. Patterson

Physician (Physician or midwife)

Address Burley Ida.

Filed June 19 192 D. J. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FURNISHING THE NAME OF YO

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: R. F. D. No. 4

County: Cassia

File Number: 103138

Registration Dist. No.:

Date of Birth: June 13 192 2.

Sex of Child: Female

Father: Roland B. Snow
Full Name

Mother: Luella Knudson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Thora Snow
Child's Name in Full

Mrs. Roland B. Snow
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is im-

893-212-016-369

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 15 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103139

County of Cassia

City of Burley

No. R 2 St.

Registration District No. 117

File No.

Hospital

Primary Registration District No. 2196

Registered No. 2306

FULL NAME OF CHILD Mildred Louise Hill

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	June 17 1922

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Roy Hill	FULL MAIDEN NAME	Priscilla Corbitt
RESIDENCE	Burley R. 2	RESIDENCE	Burley R. 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Filed June 19 1922 Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1966

RECEIVED AUG 24 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... AUG 7 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley, Idaho.

Street: R. F. D. 2.

County: Cassia

File Number: 103139

Registration Dist. No.: 30

Sex of Child: Female

Date of Birth: 12 June 192 2.

Father: Mr. Rowland Hill (Full Name)

Mother: Priscilla Mae Corbett (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mildred Laura Hill.

Child's Name in Full

Mrs. Priscilla Mae Hill

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

9961 Z 100

238-101-016-86

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103140

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2307

FULL NAME OF CHILD William Schodde

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	June 1 1922

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4. Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. W. Schodde	FULL MAIDEN NAME	Nellie Yaun
RESIDENCE	Burley.	RESIDENCE	Burley.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho.	BIRTHPLACE	Colo.
OCCUPATION	Farming.	OCCUPATION	Hsfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed June 19 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1963

863-214-016-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103141

County of Cassia

City of Burley

No. ..... St. Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2308

FULL NAME OF CHILD Alice Bernice Holcombe

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	June 14 1922

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	H. W. Holcombe.	FULL MAIDEN NAME	May Manby.
RESIDENCE	Burley. Ida.	RESIDENCE	Same.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	N. J.	BIRTHPLACE	Penn.
OCCUPATION	Carpenter.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed June 24 1922 Dr. J. C. Patterson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

AUG 1 1 1966

168-116-016-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. St.

Registration District No. 117 File No. 103142

Hospital

Primary Registration District No. 2196 Registered No. 2309

FULL NAME OF CHILD Kenneth Johnston
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		No.	June 16 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred Johnston	FULL MAIDEN NAME	Rena Bates
RESIDENCE	Oakley, Ida.	RESIDENCE	Oakley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Sheepman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley, Ida.

Filed June 27 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[illegible] the BUREAU [illegible]
[illegible]ng the name of th[illegible]

[illegible] NAME O[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 103142

Registration Dist. No. .....

Sex of Child Male

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-

386-117 016-818

PLACE OF BIRTH

[redacted]

DAHO
BLIC WELFARE
STATISTICS
OF BIRTH

County of Cassia

City of Burley

No. BU

STATIST

File No. 103143

Hospital

Primary Registration District No. 2196

Registered No. 2318

FULL NAME OF CHILD

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June (Day) 17 (Year) 1922
Male		No.	

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	F. Thorne	FULL MAIDEN NAME	Myrtle Haynes.
RESIDENCE	Lethbridge Can.	RESIDENCE	Lethbridge Canada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Montana.	BIRTHPLACE	Utah.
OCCUPATION	Farming.	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed June 27 1922 Dr. J. C. Patterson
Registrar

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-115-116-793

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103144

County of Cassia
City of Burley
No. ..... Registration District No. 117 File No. .....
Hospital ..... Primary Registration District No. 2196 Registered No. 2311

FULL NAME OF CHILD Bryan Kent Blackhurst
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	June 15 192

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME J. B. Blackhurst	FULL MAIDEN NAME Arilla Puckett
RESIDENCE Burley	RESIDENCE Burley
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Book-Keeping	OCCUPATION Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley, Idaho

Give names added from a supplemental report.

....., 19.....

Filed June 27 1927 Dr. J. C. Patterson
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

birth,
the BUREAU OF VITAL
the name of the child.

THE NAME OF YOUR CH

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: Idaho

County: Cassia

File Number: 103144

Registration Dist. No.:

Date of Birth: 6/15/1911 192....

Sex of Child: Male

Father: John Bryan Blackhurst (Full Name) Mother: Arilla Lafloor Lickel (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Bryan Kent Blackhurst

Child's Name in Full

J. R. Blackhurst

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-

255-122-016-493

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103146

County of Cassia

City of Burley

No. ____ St.

Registration District No. 117 File No. ____

Hospital ____ Primary Registration District No. 2196 Registered No. 2313

FULL NAME OF CHILD Charley Lynn Keen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 22 192?

What bacteriedal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME G. E. Keen	FULL MAIDEN NAME Minnie Nickelson
RESIDENCE Burley.	RESIDENCE Burley.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY ____ (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Mich.	BIRTHPLACE Utah.
OCCUPATION Optician	OCCUPATION Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dr. J. C. Patterson

Physician
(Physician or midwife)

Address Burley Ida.

Filed July 1 192? Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Burley
- Street: 144 South Hansen
- County: Cassia

File Number: 103146

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: June 22 1922

Father: [illegible] Full Name

Mother: [illegible] Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Shirley Lynn Keen
Child's Name in Full

[illegible]
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CH

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, paren and legitimacy.

It enables the Public Health Nurse to make sure the child been protected from danger of blindness and other infections at bi

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are pelled to furnish certified copies of certificates of birth, it is portant that the certificates be filed with the BUREAU OF VITAL ST

163-128-016-1922

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 15 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103147

County of Cassia

City of Burley

No. ..... St.

Registration District No. 19

File No. .....

Hospital .....

Primary Registration District No. 2196

Registered No. 2314

FULL NAME OF CHILD Cecil Jolley

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	192 (Year)
M.				Yes.	June	28	22

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	W. W. Jolley	FULL MAIDEN NAME	Mamie Huber
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	47 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farming	OCCUPATION	Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 1 192 2 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

, it is im-
AL STATIS-

The name of your baby was not filled in on the birth certificate sent to this office. [illegible] that importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street:

County: Cassia Idaho

File Number: 103147

Registration Dist. No.: 29

Sex of Child: Male boy

Date of Birth: June 26 1922

Father: Kenneth W. Talley (Full Name)

Mother: Irene Talley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Child's Name in Full: Cecil Talley

Signature of Father or Mother: Kenneth W. Talley

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are

713-224-016-363

PLACE OF BIRTH

RECEIVED JUL 15 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Amended 8/6/74

CERTIFICATE OF BIRTH 103148

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2315

FULL NAME OF CHILD Mary Patterson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
female	and		Yes	June	24	1922

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	A. B. Patterson	FULL MAIDEN NAME	Myra Soloman
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed July 3 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...mp... ...e name of the chil...

ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: .....

County: Cassia

File Number: 103148

Registration Dist. No. .....

Sex of Child: ~~Male~~ Female

Date of Birth: 24 June 1922

Father: Alexander Bybee Patterson (Full Name)

Mother: Myra Tolman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Patterson (Child's Name in Full)

A B Patterson (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-

AUG 18 1942

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

AUG 6 1974

Bureau of Vital Statistics

State of California
County of Fresno } ss.

Certificate No. 103148

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Patterson (Name on Original Certificate) who was born (Was Born or Died) on June 28, 1922 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's day of birth	June 28, 1922	June 24, 1922

Subscribed and sworn to before me this 2nd day of August, 1974

Notary Public, residing at Fresno, California
My commission expires July 30, 1976
(Seal)

Signed Mary Patterson Wilcken
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 6/17/74 lcc pd. rec. # 9794

Certificate of Blessing from LDS Church gives name as Mary Patterson daughter of Alexander B. Patterson and Elmyra Tolman. Born June 24, 1922 at View, Idaho. Was Belssed Aug. 6, 1922. viewed by V. S.

AUG 6 1974

Certificate of Baptism and Confirmation from LDS Church gives name as Mary Patterson daughter of Alexander Bybee Patterson and Almira M. Tolman. Born June 24, 1922 at View, Idaho. Was Baptized July 5, 1930. viewed by V. S.

SEP 4 1974

619-22-016-239

PLACE OF BIRTH

RECEIVED JUL 10 1922 BUREAU OF VITAL STATISTICS

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103149

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 2316

FULL NAME OF CHILD Jessie Lucile Farnsworth.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	June 22 1922

What bacteriedal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME R. E. Farnsworth	FULL MAIDEN NAME Sarah A. Stephens
RESIDENCE Burley.	RESIDENCE Burley.
COLOR White AGE AT LAST BIRTHDAY 27 (Years)	COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Utah.	BIRTHPLACE Idaho.
OCCUPATION Chemist.	OCCUPATION Wife.

CERTIFICATE OF ATTENDING ~~PHYSICIAN~~ OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) Dr J. C. Patterson
Physician
(Physician or midwife)

Address Burley Ida.

Filed ~~July~~ 22 1922 Dr J. C. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 9 1943

652 425 6/16/03

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 15 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103150

County of Cassia

City of Burley

No. ..... St. Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2317

FULL NAME OF CHILD ~~Mickey James~~ Westover

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	June 25 1922

What bacteriocidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	L. A. Westover.	FULL MAIDEN NAME	Delpha Joeery
RESIDENCE	Burley. Ida.	RESIDENCE	Burley.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Laborer.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley. Ida.

Filed July 5 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: North Elkhorn

County: Cassia

File Number: 103150

Registration Dist. No.:

Sex of Child: Male

Date of Birth: June 25 1929

Father: Lawrence Anthony Westover (Full Name)

Mother: Dorothea Polley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wayne Bryan Westover (Child's Name in Full)

Lawrence Anthony Westover (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is im-

366-201-016-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103151

County of Cassia

City of Burley

No. N. Hansen St. Registration District No. 117 File No.

Hospital Primary Registration District No. 2196 Registered No. 2318

FULL NAME OF CHILD Phyllis Carmen Cook.
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 1, 1922

What bactericidal solution was used in eyes? 10 % Argyrol freshly made

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Samuel Dewey Cook	FULL MAIDEN NAME	Mildred May Gardner
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Albion Ida.	BIRTHPLACE	Ketchey Mich.
OCCUPATION	Laborer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:10 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) C A Rich

Physician
(Physician or midwife)

Address Burley Idaho

Filed July 1 1922 Prof. Patterson
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-126-016-219
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia
City of Burley
No. 537 E. 1st Street
Hospital

RECEIVED JUL 10 BUREAU OF VITAL STATISTICS

Registration District No. 117 File No. 103152
Primary Registration District No. 2196 Registered No. 2319

FULL NAME OF CHILD Harvey Gordon Seeds
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 26 1922

What bactericidal solution was used in eyes? 10 % Argyrol freshly Prepared

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Alonzo Howard Seeds	FULL MAIDEN NAME: Violet Mae Karis
RESIDENCE: Burley Idaho	RESIDENCE: Burley Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Champaign Ill.	BIRTHPLACE: Bresford S. D.
OCCUPATION: Machinist	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C. A. Rich
Physician.
(Physician or midwife)
Address Burley Ida.

Filed July 1 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]ERAL REASONS [illegible] CERTIFICATE OF
[illegible] CHILD [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 537 E. 1st St

County: Cassia

File Number: 103152

Registration Dist. No.:

Date of Birth: June 26 192 2

Sex of Child: Male

Father: Alonzo Howard Leeds
Full Name

Mother: Violet Mae Karns
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Harver Gordon Leeds
Child's Name in Full

Mrs. A. H. Leeds
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

FEB 21 1952

466-210-016-268

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 10 1922 BUREAU OF VITAL STATISTICS

County of Cassia

City of Burley

No. Route #5 St.

Registration District No. 117

File No. 103153

Hospital

Primary Registration District No. 2196

Registered No. 2320

FULL NAME OF CHILD Ruth Smiley Moon
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 10, 1922

What bactericidal solution was used in eyes? 10% Argyrol freshly prepared

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James Carl Moon	FULL MAIDEN NAME	Mary Koyle
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Hazel Ida	BIRTHPLACE	Spanish Fork Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:45 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich
Physician
(Physician or midwife)

Address Burley Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 1 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WH
OH WILD AND

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: .....

County: Cassia

File Number: 103153

Registration Dist. No. .....

Date of Birth: June 10 '16 1922

Sex of Child: Female

Father: James Earl Moon (Full Name)

Mother: Mary Hoyle Moon (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ruth Emily Moon (Child's Name in Full)

James Earl Moon (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

696-107-016-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103154

County of Cassia JU

City of Burley BURE

No. 550 N. Normal Registration District No. 117 File No.

Hospital Primary Registration District No. 2196 Registered No. 2321

FULL NAME OF CHILD James Leroy Fife
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	June 7 1923

What bacteriocidal solution was used in eyes? 10% Argyrol Freshly prepared

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James Leroy Fife	FULL MAIDEN NAME	Minnie Bernece Walton
RESIDENCE	Burley Ida	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Clarkston Utah	BIRTHPLACE	Albion Ida.
OCCUPATION	Chauffeur.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 11:00 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C. A. Rich

Physician.
(Physician or midwife)

Address Burley Idaho

Filed July 1 1923 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1941

SEP 9 19[redacted]

519204-016-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia
City of Burley
No. Rout #4 St.
Registration District No. 117
File No. 103155
Hospital
Primary Registration District No. 2196
Registered No. 2322

FULL NAME OF CHILD BARBARA EARL
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 4 1922

What bactericidal solution was used in eyes? 10% argyrol freshly prepared

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Lorel Leonard Earl	FULL MAIDEN NAME	Zera Wilde
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Colonia Dias Chuawaush Mex.	BIRTHPLACE	Brigham City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Registrar.

(Signature) C. A. Rich
Physician
(Physician or midwife)

Address Burley Idaho

Filed July 1 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 103155
County of King } MAR 22 1943 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Barbara Earl (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 4, 1922 (DATE OF EVENT)
in Burley, Ida. (PLACE OF EVENT) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by Church record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 4, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Barbara Earl
Barbara Earl		

Subscribed and sworn to before me this 19th day of March, 1943.
C. S. Dickson
Notary Public, residing at Seattle
My commission expires Jan. 24, 1947
(SEAL)

Signed Zera Wilde Earl
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1946 - 9 Ave. West, Seattle Wn.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of March, 1943.
C. S. Dickson
Notary Public, residing at Seattle
My commission expires Jan. 24, 1947
(SEAL)

Signed Eugene Wilde Earl
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1946 9th Ave West Seattle, Wn.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 24 1943

84-108-016-413

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 15 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Declo

No. ..... St.

Hospital

Registration District No. 117 File No. 103156

Primary Registration District No. 2196 Registered No. 1323

FULL NAME OF CHILD Carl Raymond Gunnstrom Jr.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male	and		Yes	6 8 1922

What bacteriocidal solution was used in eyes? 2% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Raymond Gunnstrom	FULL MAIDEN NAME	Velma Mulgrew
RESIDENCE	Declo Idaho	RESIDENCE	Declo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Brown M. D.

(Physician or midwife)

Address Rupert Idaho

Give names added from a supplemental report.

....., 19.....

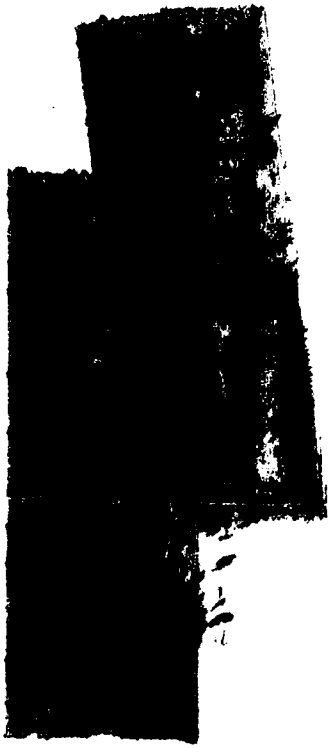
..... Registrar.

Filed January 5 1923 P. J. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/18/41 L. P.



219-121-016-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103157

County of Cassia

City of Declo

No. ..... St.

Registration District No. 117 File No. .....

Hospital .....

Primary Registration District No. 2196 Registered No. 2324

FULL NAME OF CHILD Jay Vernon Barnes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	6 21 1922

What bacteriocidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Emery T. Barnes	May Clark
RESIDENCE	Declo Idaho	Declo
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Electric Pump Operator	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C R Graves M. D.
(Physician or midwife)

Address Rupert Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 3 1922 W. J. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

A CERTIFICATE OF
PLETED

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Decks

File Number: 103157

Street:

Registration Dist. No.:

County: Cassia

Date of Birth: June 21 1922.

Sex of Child: Male

Father: Emery T Barrus (Full Name)

Mother: May Isabelle Clark (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jay Vernon Barrus (Child's Name in Full)

Emery T Barrus (Signature of Father ~~or Mother~~)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-204-016-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Declo

No. ..... St.

Hospital .....

RECEIVED JUL 15 1922 VITAL STATISTICS

Registration District No. 117 File No. 103158

Primary Registration District No. [illegible] Registered No. 2325

FULL NAME OF CHILD Theo Anna Smith 2196
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	June 4 1922

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Allen Monroe Smith	FULL MAIDEN NAME	Mary Awardle
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	N.Y.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1.50 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore
MD.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Dr. J. C. Patterson

Filed 6-17 1922 Ett Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued November 4, 1940. E.W.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Leels

Street:

County: Cassia

File Number: 103158

Registration Dist. No.:

Date of Birth: June 4 192 2

Sex of Child: Female

Father: Allen Monroe Smith (Full Name)

Mother: Mary Wardle (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Theo Annis Smith
Child's Name in Full

Allen Monroe Smith
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

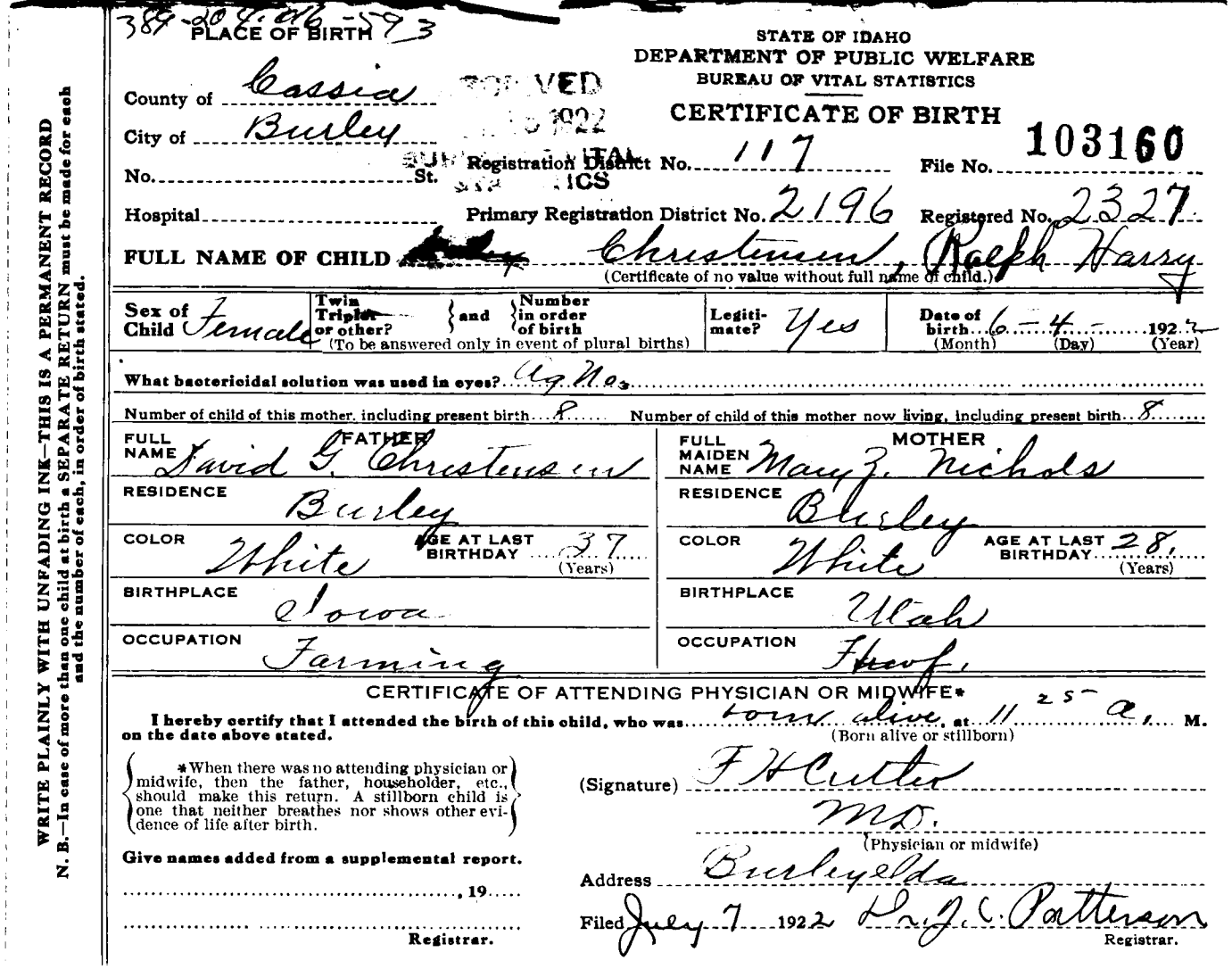
It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.



389-204-06-593

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

RECEIVED ... 1922 BUREAU OF VITAL STATISTICS

Registration District No. 117 File No. 103160

Primary Registration District No. 2196 Registered No. 2327

FULL NAME OF CHILD ~~[illegible]~~ Christensen, Ralph Harry
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	6-4-1922

What bactericidal solution was used in eyes? Ag No.

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	David G. Christensen	FULL MAIDEN NAME	Mary Z. Nichols
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 25 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler

M.D.
(Physician or midwife)

Address Burley Ida

Filed July 7 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH S
ED FOR EACH CHILD AND THE SAME COMPLETED WITH TH

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street:

County: Cassia

File Number: 103160

Registration Dist. No.: Burley Dist.

Sex of Child: ~~Female~~ Male

Date of Birth: June 4 1922

Father: David Hobart Christensen (Full Name)

Mother: Mary Letha Nichols (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ralph Harry C. Christensen (Child's Name in Full)

David H. Christensen (Signature of Father or Mother)

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

928-109-016-928

PLACE OF BIRTH

RECEIVED JUL 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Declo

No. ..... St. ..... Registration District No. 177 File No. 103161

Hospital ..... Primary Registration District No. 2196 Registered No. 2328

FULL NAME OF CHILD Kiyoshi Ishida
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 9 1922

What bactericidal solution was used in eyes? Ag. nos. 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	H. Takayama	FULL MAIDEN NAME	Tath Ishida
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Hoof

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Burley Ida

Filed July 7th 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365·113·016-993

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 103162

Primary Registration District No. 2196 Registered No. 2329

FULL NAME OF CHILD Jay Curtis Condit

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 13 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James S Condit	FULL MAIDEN NAME	Edna A Rice
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Round Mt. Ida
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11.15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Ida

Filed July 13 1922 Dr. J. C. Patterson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

17

Boise, Idaho, AUG. 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: Conant

County: Cassia

File Number: 103162

Registration Dist. No.: 117

Date of Birth: May 13 1922

Sex of Child: Male

Father: James Silas Condit (Full Name)

Mother: Edna Ann Price (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Joyce Curtis Condit
Child's Name in Full

J. S. Condit
Signature of Father or Mother

JUL 1 5 1968

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

497-209-016-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley. Registration District No. 117 File No. 103163

No. ..... St.

Primary Registration District No. 2196 Registered No. 2330

Hospital ..... Myrl

FULL NAME OF CHILD ~~Woodbridge~~ June ~~Woodbridge~~ Millet

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 9 1922

FATHER		MOTHER	
FULL NAME	Paul ~~Woodbridge~~ Millet	FULL MAIDEN NAME	Effie Burr
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Springvalley Nev.	BIRTHPLACE	Burrville Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 7:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Cooper

Physician

(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 13 1922 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 103163

County of Utah } JAN 27 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Myrl June Millet (NAME ON ORIGINAL CERTIFICATE) who was Born (WAS BORN OR DIED) on June 6-1922 (DATE OF EVENT) in Burley Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Merle June Millett	~~June Myrl Millett~~
	~~[illegible]~~	~~[illegible]~~
	Myrl June Millet	Myrl June Millet

Subscribed and sworn to before me this 24 day of January, 1942

A. Emil Hauser

Notary Public, residing at Orem Utah

My commission expires Mar 25, 1945 (SEAL)

Signed Effie Burr Millet (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Box 108 R.D. 2 Provo Utah (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Utah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of January, 1942

A. Emil Hauser

Notary Public, residing at Orem

My commission expires Mar 25, 1945 (SEAL)

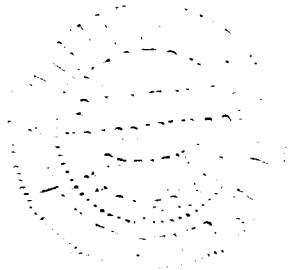
Signed Paul A Millet (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

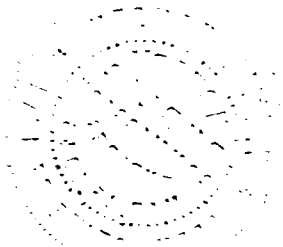
Provo R.D. #1 Box 108 Utah (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 27 1942 By (REGISTRAR'S SIGNATURE)

FEB 2 1942

JAN 15 1975





155-102-016-599

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 103164

Primary Registration District No. 2196 Registered No. 2331

FULL NAME OF CHILD ROBERT GOLDEN JENKINS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Wm H Jenkins	FULL MAIDEN NAME	Agnes Erickson
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Oakley Ida	BIRTHPLACE	Oakley Ida
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Burley Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Physician

Filed July 13 1922 Wm. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 103164

Date Filed JAN [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Robert Golden Jenkins (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 2, 1922 (DATE OF EVENT)
in Burley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family and church (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on not known (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Robert Golden Jenkins
Robert Golden Jenkins		

Subscribed and sworn to before me this 27 day of January, 19 42.

[illegible]
Notary Public, residing at Twin Falls Ida.

My commission expires 1-25-46
(SEAL)

Signed C W Jenkins
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of January, 19 42.

J. Hugh Faulkner
Notary Public, residing at Twin Falls, Idaho

My commission expires June 10, 1945
(SEAL)

Signed John W. Anderson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

133-6th Street West, Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN [illegible] 42 By
(REGISTRAR'S SIGNATURE)

JAN 31 1942

764-217-016-386

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Springdale

No. ..... St.

Registration District No. 117 File No. 103165

Primary Registration District No. 2196 Registered No. 2332

Hospital .....

FULL NAME OF CHILD Norma Ellen Poulton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Girl				yes	May	17	1922

	FATHER	MOTHER
FULL NAME	Thomas Poulton	FULL MAIDEN NAME Martha Ellen Thomas
RESIDENCE	Springdale	RESIDENCE Springdale
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Hazel Ada	BIRTHPLACE Calinville New Zealand
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) L. A. Cooper

Physician

(Physician or midwife)

Address Burley, Ida.

Filed July 13 1922 H. J. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 103165
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Poulton (Name on Original Certificate) who was born (Was Born or Died) on May 17, 1922 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Poulton	Norma Ellen Poulton

Subscribed and sworn to before me this 13th day of April 1945
[signature]
Notary Public, residing at Burley, Idaho
My commission expires Feb. 20, 1946
(Seal)

Signed Martha Ellen Poulton
Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of April, 1945
Hope S. Case
Notary Public, residing at Long Beach
My commission expires Feb. 11, 1947
(Seal)

Signed Mary Poulton
(Signature of Any Credible Person)
1969 Cerritos Ave
(Street Address, City, State)
Long Beach 6 California
[illegible]
1969 Cerritos Ave Long Beach

MAY 1 3 1945

APR 2 8 2006

295-219-078-419

PLACE OF BIRTH

[redacted] ATE OF IDAHO
[redacted] OF PUBLIC WELFARE
[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 103170

County of Clearwater
City of Elk River
No. ..... St.
Hospital At home
Registration District No. 91
Primary Registration District No. 2168
Registered No. 1

FULL NAME OF CHILD Margaret DeSoroma Kreisher
(Certificate of no value without full name of child.)

Sex of Child: Female
Twin, Triplet or other? Single
Number in order of birth:
(To be answered only in event of plural births)
Legitimate? Yes
Date of birth: March 19 (Month) (Day) 192 2 (Year)

What bactericidal solution was used in eyes? Argol

Number of child of this mother, including present birth: 1
Number of child of this mother now living, including present birth: 1

FATHER		MOTHER	
FULL NAME	George Kreisher	FULL MAIDEN NAME	Nora Ann Martin
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Indiana	BIRTHPLACE	Illinois
OCCUPATION		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Kattie Bell
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 27 1922 Mrs Mildred Hambly
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K.

[redacted]

FEB 2 9 1972

NOV 5 1945

368-101-018 43X

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater
City of Elk River
No. ..... St.
Hospital At home

Registration District No. 91
Primary Registration District No. 2168

File No. 103171
Registered No. 2

FULL NAME OF CHILD George J. Lozos
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	Single		Yes	April 1 1922

What bactericidal solution was used in eyes? argol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John George Lozos	FULL MAIDEN NAME	Ethel Jeanette McDonald
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR		COLOR	
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Greece	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... , at ..... M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Hattie Bell
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 27 1922 Mrs Mildred Hamby
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1942

791-112-087-713

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE BUREAU OF [redacted]

CERTIFICATE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

County of Clark

City of Argora PO

Registration District No. 125

File No. 103172

No. ..... St.

Hospital .....

Primary Registration District No. 2207

Registered No. .....

FULL NAME OF CHILD Kenneth Ruel Grant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 12 1922

	FATHER	MOTHER
FULL NAME	Elmer Grant	FULL MAIDEN NAME Lena M Putelzick
RESIDENCE	Argora PO	RESIDENCE Argora PO
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Geo Edie

(Physician or midwife)

Address Argora Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed June 17 1922 W E Jones M D

Registrar

243-119.017-695

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

Registration District No. 125 File No. 103173

Primary Registration District No. 203 Registered No. .....

FULL NAME OF CHILD Thomas Edward Sullivan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 19 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Michael F Sullivan	Marion A Winsper
RESIDENCE	Winsper PO	Winsper PO
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	22
BIRTHPLACE	Utah	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) C E Jones MD
(Physician or midwife)

Address Dubois Idaho

Filed June 19 1922 C E Jones MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-27-017-389

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Clark

City of Dubois

Registration District No. 125 File No. 103174

No. ..... St.

Hospital .....

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Margaret Schindler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 17 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Schindler	Matilda C. Thiessen
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	28
BIRTHPLACE	Nebr	Illinois
OCCUPATION	Mechanic	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) C E Jones M D

(Physician or midwife)

Address Dubois Idaho

Filed June 17 1922 C E Jones MD

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1952

JUN 26 1951

154.124.018864

PLACE OF BIRTH

STATE [redacted]
DEPARTMENT O[redacted]RE
BUREAU OF [redacted]
CERTIFICA[redacted]

RECEIVED
AUG 5 1922
BUREAU OF [redacted]
STATIS[redacted]

County of Clearwater

City of Elk River

No. ..... St.

~~Hospital~~ at home

Registration [redacted] No. 91

File No. 103175

Primary Registration District No. .....

Registered No. 5

FULL NAME OF CHILD John Axel Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			[redacted]	Yes	June 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nit.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Axel Alfred Anderson	FULL MAIDEN NAME	Betty May Hants
RESIDENCE	Elk River Ida.	RESIDENCE	Elk River, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Sweden	BIRTHPLACE	Broken Bow Neb.
OCCUPATION	lumberman	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Holmes

(Physician ~~or midwife~~)

Give names added from a supplemental report.

..... 19..

Mildred Hambly
Registrar.

Address .....

Filed July 31 1922 Mildred Hambly
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

168·205·018315

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Elk River

No. ..... St. ..... Registration District No. 91 File No. 103176

~~Hospital~~ at home Primary Registration District No. ..... Registered No. 3

FULL NAME OF CHILD Jeneva Lucille Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	6 5 1922

What bactericidal solution was used in eyes? Silver Nit.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alfred Johnson	FULL MAIDEN NAME	Rena Bell Lane
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Sweden	BIRTHPLACE	Wash.
OCCUPATION	Lumber Foreman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Holmes
(Physician [redacted])

Give names added from a supplemental report.

Address Elk River Idaho

Mildred Hambly 19
Registrar.

Filed July 25 1922 Mildred Hambly
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-219-018-525

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater
City of Elk River,
No. ____ St.
Registration District No. 91
File No. 103177
~~Hospital~~ at home
Primary Registration District No. ____
Registered No. 4

FULL NAME OF CHILD Lucy Frangue Fitzgerald
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	5 19 1922

What bactericidal solution was used in eyes? Silver Nit.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm Lloyd Fitzgerald	FULL MAIDEN NAME	Gertrude Eberhart
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wis.	BIRTHPLACE	Wis
OCCUPATION	Machinist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 6.30 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Holmes
(Physician or ~~midwife~~)
Address

Give names added from a supplemental report.

..... 19.....
Mildred Hambly
Registrar.

Filed July 25 1922 Mildred Hambly
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

633.131.021-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

County of Franklin

City of Banida

No. ..... St. ..... ct No. 27 File No. 103178

Hospital ..... Primary Registration District No. 2119 Registered No. 173

FULL NAME OF CHILD Wayne Wilmur Ottley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	7 31 1922

What bactericidal solution was used in eyes? 20% Arygrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Sidney J. Ottley	FULL MAIDEN NAME	Alice Warren
RESIDENCE	Banida	RESIDENCE	Banida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalve, at 6 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler J.
Physician
(Physician or midwife)

Address Preston Idaho

Filed Aug 1 1922 Mrs Ida Lippets
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

BUREAU OF VITAL STATISTICS
RECEIVED
OCT 3 1922

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Banida

File Number: 105178

Street: .....

County: Franklin

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 31 1922

Father: Sidney J. Atley (Full Name)

Mother: Alice Haven (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wayne Wilmer Atley
Child's Name in Full

Sidney J. Atley
Signature of Father or Mother

JUN 2 8 1973

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

157-109-02L389

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 5 [illegible] BUREAU OF [illegible]

CERTIFICATE OF BIRTH 103179

County of Franklin

City of Mink Creek

No. ..... District No. 27 ..... File No. .....

Hospital ..... Primary Registration District No. 2119 ..... Registered No. 189

FULL NAME OF CHILD Milo Jepsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	July 9 1922

What bactericidal solution was used in eyes? 1% ag. No. 3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Thomas Jepsen	FULL MAIDEN NAME	Anne Christina Jepsen
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Serena Christensen
Midwife
(Physician or midwife)

Address Mink Creek Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 2 1922 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Mink Creek Idaho

Street: .....

County: Franklin Co.

File Number: 103179

Registration Dist. No.: 34

Date of Birth: July 9 1923.

Sex of Child: Male

Father: Thomas Jepsen
Full Name

Mother: Annie Christena Christ
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Milo Jepsen
Child's Name in Full

Thomas Jepsen
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

866-129-021-215

PLACE OF BIRTH

County of Clifton

City of Clifton

No. ..... St.

Hospital .....

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 103181

Primary Registration District No. 2119 Registered No. 175

FULL NAME OF CHILD Alex S.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m		yes	7-29-1922

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Marion Howell	FULL MAIDEN NAME	Elsie Hart
RESIDENCE	Clifton Ida.	RESIDENCE	Clifton Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Clifton Ida.	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. R. Butler Jr.
(Physician or midwife)

Address Preston Ida

Filed Aug 1 1922 Mrs Ida Lippets
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-127-021-459

PLACE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED AUG 5 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton Ida.

No. ..... St.

Hospital .....

Registration District No. 27 File No. 103183

Primary Registration District No 2119 Registered No. 183

FULL NAME OF CHILD BILLY RENOLD Kirkbride

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	July 27 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER	MOTHER
FULL NAME: C.F. Kirkbride	FULL MAIDEN NAME: Vinnie Merritt
RESIDENCE: Dayton Ida.	RESIDENCE: Dayton Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Smithfield Utah.	BIRTHPLACE: West Jordon Utah.
OCCUPATION: Farmer.	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 7:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician

(Physician or midwife)

Address Preston Idaho.

Give names added from a supplemental report.

..... 19.....

.....
Registrar.

Filed Aug 1 1922 Mrs Ida Tippett
Registrar.

S WHY A CERTIFICAT
D TH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 103183
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 27 - 1922 (DATE OF EVENT)
in Dayton Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record prepared on July 27-1922 (GIVE DATE), are:
(BIBLE RECORD, INSURANCE POLICY, ETC.)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Renold Wilson Kirkbride	~~Billy~~ Reynold Kirkbride
Billy Renold Kirkbride		Billy Renold Kirkbride

Subscribed and sworn to before me this 22
day of April, 1942

Signed Martha Winnie Kirkbride
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Preston Idaho

My commission expires 9-18-1945
(SEAL)

Dayton Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ } ss.
County of ____ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of ____, 19 ____

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

My commission expires
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on APR 25 1942 By
(REGISTRAR'S SIGNATURE)

APR [illegible]

295-104. 021-266

PLACE OF BIRTH

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103184

County of Franklin

City of Weston

No. ..... St.

Registration District No. 27 File No. .....

Hospital .....

Primary Registration District No. 2117 Registered No. 179

FULL NAME OF CHILD Sterling A. Bingham

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	and		yes	July 4 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Lewis Bingham	FULL MAIDEN NAME	Ada Koford
RESIDENCE	Weston	RESIDENCE	Weston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 11 10 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.

Physician (Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Aug 1 1922 Mrs. Ida Tippets Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

NOV 16 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

Place of Birth — City: Weston

Street:

County: Franklin

File Number: 103184

Registration Dist. No.:

Sex of Child: Male

Date of Birth: July 4 1922

Father: Lewis Bingham (Full Name)

Mother: Oda Luella Koford (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

A. Sterling O. Bingham
Child's Name in Full

Lewis Bingham
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

DEC 27 1947

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

261-127-021-693

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103185

Registration District No. 27 File No. .....

Primary Registration District No. 269 Registered No. 176

FULL NAME OF CHILD Keith O. N. Swainston
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				Yes	7-27 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Les Swainston	Audra M. Wilkinson
RESIDENCE	Whitney Ida.	Whitney
COLOR	white	W
AGE AT LAST BIRTHDAY	26 (Years)	24 (Years)
BIRTHPLACE	Ida.	Idaho
OCCUPATION	Farming	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Culley
(Physician or Midwife)

Address Preston Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 1 1922 Mrs. Ida Tippets
Registrar.

SHALL

SONS WHY A CERTIFICATE
LD AND THE SAME COMPLET

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Franklin

Place of Birth — Street:

Place of Birth — County: Franklin

File Number: 103185

Registration Dist. No.:

Sex of Child: Male

Date of Birth: July 27 1922

Father: Leo Swanston
Full Name

Mother: Audra Stilkinson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Keeth St. Swanston
Child's Name in Full

Audra Swanston
Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

297-228-021-689

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

Registration District No. 27 File No. 103186

Primary Registration District No. 219 Registered No. 182

FULL NAME OF CHILD Phyllis Biggs

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	July 28 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William H. Biggs.	FULL MAIDEN NAME	Tressie Whitehead.
RESIDENCE	Franklin	RESIDENCE	Franklin Ida.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Franklin Ida.	BIRTHPLACE	Franklin Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

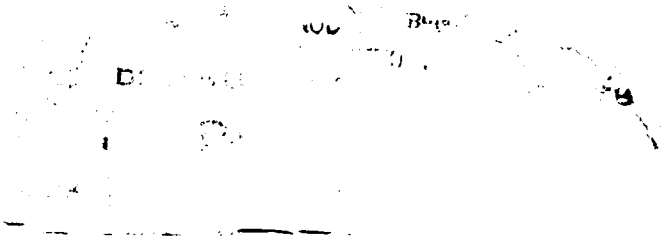
(Signature) G. W. Slates

Physician
(Physician or midwife)

Address Preston Ida.

Filed Aug 4 1922 Mrs Ida Liggett Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Franklin

File Number: 103186

Street:

Registration Dist. No.:

County: Franklin

Date of Birth: July 28 1927

Sex of Child: Female

Father: Wm H Biggs (Full Name)

Mother: Rosa White (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Phyllis Biggs (Child's Name in Full)

Wm H Biggs (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

449-12Y-021-689

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 103187

County of Franklin

City of Franklin Ida. No. St.

Registration District No. 27

Hospital

Primary Registration District No. 2119

Registered No. 185

FULL NAME OF CHILD Jack.

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.				Yes.	July 24 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Fredrick Durrant.	FULL MAIDEN NAME: Myrtle Whitehead.
RESIDENCE: Franklin Ida.	RESIDENCE: Franklin
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Franklin Ida.	BIRTHPLACE: Franklin Ida.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:37 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) G W States

Physician
(Physician or midwife)

Address Preston, Ida.

Filed Aug 2 1922 Mrs Ida Tyrpet Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 22 1962

215-107-021-915

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103188

County of Franklin

City of Preston

No. ..... St.

Registration District No. 27 File No. .....

Hospital .....

Primary Registration District No. 2119 Registered No. 174

FULL NAME OF CHILD [redacted] Lant, GEORGE VERMILL

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	June 7 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	Preston Lant	Ivory E Ransom
RESIDENCE	Grace	Grace
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	37
BIRTHPLACE	Clifton Idaho	Preston Utah
OCCUPATION	Farmer	Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) [redacted] Cutler

Physician

(Physician or midwife)

Address Preston Idaho

Filed Aug 1 1922 Mrs Ida Tippits Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/22/41

AFFIDAVIT.

State of Idaho
SS.
County of Bannock

Mary E. Ransom Sant. wife of Preston Sant , deceased, being first duly sworn deposes and says, that she is the mother of George Vermill Sant mentioned in his letter of April 27. 1941.and signed by George Sant, her son. That his true name is George Vermill and not Paul Sant as the records show. Evidently the reporter of the birth to the Bureau of Vital Statistics gave the wrong na me, and I hereby authorize the Bureau to make the necessary changes on the records. Changing the name to George Vermill Sant.

Mary E Ransom Sant

Subscribed and
Sworn to before me this the 14th day of May A.D. 1941

W. N. Mendenhall

Notary Public Residing at Thatcher, Idaho

799-222-021-759 name added 4-16-84 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin
City of Preston
No. ____ St.
Hospital

Registration District No. 27 File No. 103189
Primary Registration District No. 2119 Registered No. 177

FULL NAME OF CHILD Vora Perkins Griffeth
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	7-22 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Patison Delos Griffeth	Ola Perkins
RESIDENCE	Preston Ida.	Preston Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	32
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:00 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Cutler
(Physician or Midwife)

Address Preston Ida.

Give names added from a supplemental report.

....., 19.....

Filed Aug 1 1922 Mrs Ida Tuppets
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

4-2-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 13 12 44 PM '84

State of _____ } ss.
County of _____

Certificate No. 103189
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Griffeth (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 22, 1922 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Vora Perkins Griffeth

Subscribed and sworn to before me this 10th day of April, 1984

Notary Public Jane E. Noorda

Residing at Salt Lake City, Utah

My commission expires May 1987

(Seal)

x Vora G. Thompson
Signature of Applicant

x 8050 So 1607 West #130
Street Address, City, State
West Jordan, Utah 84084

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April, 1984

Notary Public Jane E. Noorda

Residing at Salt Lake City, Utah

My commission expires May 1987

(Seal)

Laura P. Griffeth Rawlings
Supporting Signature

1442 East 3115 South
Street Address, City, State
Salt Lake City, Utah 84106

1 cc pd

APR 16 1984

Certificate of Membership lists Vora Perkins Wallis born July 22, 1922 in Fairview, Idaho to Patterson Delos Griffeth and Chloe Perkins and was baptised July 23, 1930. Viewed by V.S.

Family Bible lists Bora Perkins Griffeth born July 22, 1922 in Fairview Idaho. Obviously old record. Viewed by V.S.

236-130-021-467

PLACE OF BIRTH

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103190

County of Franklin

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 181

FULL NAME OF CHILD Mr. Dopp.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	July 30 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Henry Stocks.	FULL MAIDEN NAME	Vinnie Dopp.
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Lewiston Utah.	BIRTHPLACE	Lewiston Utah,
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States
Physician
(Physician or midwife)

Address Preston Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 1 1922 Mrs Ida Lizapeta
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-227-021-266

PLACE OF BIRTH

RECEIVED AUG 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103191

County of Franklin

City of Preston Ida.

No. ..... St.

Registration District No. 27 File No. .....

Hospital .....

Primary Registration District No. 2119 Registered No. 184

FULL NAME OF CHILD Donna Fay Patterson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	July 27 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 12

FATHER	MOTHER
FULL NAME: William Patterson,	FULL MAIDEN NAME: Sarah Booth.
RESIDENCE: Preston Ida.	RESIDENCE: Preston Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: Bloomington Ida.	BIRTHPLACE: Manchester England.
OCCUPATION: Carpenter.	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stales

Physician
(Physician or midwife)

Address Preston Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed ..... 192 2 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street: 1st & 2½ East

County: Franklin

File Number: 103191

Registration Dist. No.:

Date of Birth: July 27 1922

Sex of Child: Female

Father: William M. Pattison
Full Name

Mother: Sarah A. Booth
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Norma Fay
Child's Name in Full

William M. Pattison
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

119-221-021-312 name amend 11-29-83 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. 27 File No. 103192

Primary Registration District No. 2119 Registered No. 184

FULL NAME OF CHILD ~~Hermoine ?~~ Clarice Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	July 21 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	W. B. Martin,	FULL MAIDEN NAME	Bessie Casperson.
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Liberty Idaho.	BIRTHPLACE	Logan Utah.
OCCUPATION	Saw Mill Owner.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Address Preston Idaho.

Filed Aug 2 1922 Mrs Ida Tippett
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-3-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Salt Lake } ss.

Certificate No. 103192
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Hernoine Martin (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 21, 1922 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Hernoine Martin	Clarice Martin

Subscribed and sworn to before me this 10th day of November, 1983.
Notary Public, Hala S Lapich
Residing at N Salt Lake
My commission expires 3-24-85
(Seal)

x Clarice Martin Cooper
Signature of Applicant
x 2025 Logan Ave, S.L.C. Ut
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of November, 1983.
Notary Public, Lakar E. Johnson
Residing at Preston, Idaho
My commission expires Lifetime
(Seal)

Gay Fass
Supporting Signature
82 n 1st East Preston Idaho
Street Address, City, State

lcc pd

Certificate of Blessing from LDS Church gives Clarice Martin daughter of Burton Martin and Bessie Casperson born July 21, 1922 at Preston was blessed Oct 1, 1922. Viewed by V.S.

Certificate of Baptism from LDS Church gives Clarice Martin Daughter of Bert Martin and Bessie Casperson born July 21, 1922 in Preston was baptised June 14, 1931. Viewed by V.S.

NOV 2

313-209-021-318

Child's name amended 10-10-91 MCM

PLACE OF BIRTH

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103193

County of Franklin

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 187

FULL NAME OF CHILD ~~Daisy.~~ ALICE RUTH TALBOT
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female.		Yes.	July 9 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ed Talbot.	FULL MAIDEN NAME	Alice Taylor,
RESIDENCE	Preston R.-2	RESIDENCE	Preston R.- 2
COLOR	White. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Kaysville Utah.	BIRTHPLACE	Preston Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive; at 1:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Address Preston Ida.

Filed Aug 2 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-22-91

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

SEP 26 1991
VITAL STATISTICS UNIT

State of Washington
County of Pierce } ss.

Certificate No. 103193
Date Filed 6 Sep 1991

The undersigned does solemnly swear that certain data on the certificate of birth

for Daisy Talbot (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 9, 1922 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Daisy Talbot	Alice Ruth Talbot

Subscribed and sworn to before me this 6th day of September 1991

Notary Public Linda K Reid

Residing at Gig Harbor, WA

My commission expires 6-19-94

(Seal)

NOTARY PUBLIC STATE OF WASHINGTON LINDA K REID

X Alice Ruth Nielsen
Signature of Applicant

X 1885 W 4400 N Preston, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Pierce } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of September 1991

Notary Public Linda K Reid

Residing at Gig Harbor, WA

My commission expires 6-19-94

(Seal)

NOTARY PUBLIC STATE OF WASHINGTON LINDA K REID

Supporting Signature

4321 - 110th Ave. E. Puyallup, WA 98372
Street Address, City, State

AUG 25 2003

LDS membership record shows Alice Ruth Nielsen born July 9, 1922 in Preston to Edward P Talbot and Alice Taylor and blessed Aug 6, 1922 by James Green Taylor. Viewed by VS.

OCT 10 1991

UT marriage certificate shows Charles LaVere Nielsen and Alice Ruth Talbot were married Apr 19, 1939 in Logan by Jos Quinney. Viewed by VS.

253-209-021-397

PLACE OF BIRTH

County of Franklin

City of Preston

No. 121 North St.

Hospital

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 103194

Primary Registration District No. 2119 Registered No. 190

FULL NAME OF CHILD Beth Beckstead

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	July 9 1922

What bacterieidal solution was used in eyes? 1% Ag No3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Robert Beckstead	FULL MAIDEN NAME	Sarah Ellen Tippets
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Idaho Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Blank

Physician

(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 2 1922 Mrs. Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-117-02-259

PLACE OF BIRTH

County of Franklin

City of Preston

No. 171 North St.

Hospital

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103195

Registration District No. 27 File No.

Primary Registration District No. 2719 Registered No. 191

FULL NAME OF CHILD Kenneth K. Mansfield
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	July 17 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Kenneth Williams Mansfield	FULL MAIDEN NAME	Eda Davis Hereshaw
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Curtis Blank
Physician
(Physician or midwife)

Address Preston, Idaho

Filed Aug 2 1922 Mrs Ida Lippett
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEVERAL REASONS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street:

County: Franklin

File Number: 103195

Registration Dist. No.:

Date of Birth: July 17 1922

Sex of Child: Male

Father: Kenneth W. Mansfield (Full Name)

Mother: Eda Kershaw (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Kenneth K. Mansfield (Child's Name in Full)

Mrs. Eda Mansfield (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

493107.02-215

PLACE OF BIRTH

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 1st North St.

Registration District No. ..... File No. 103196

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Donald R. Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) July (Day) 7 1922 (Year)
M		yes	

What bacteriecidal solution was used in eyes? 1% ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Howard C Miller	FULL MAIDEN NAME	Hazel Sanders
RESIDENCE	Oneida Sta, Franklin Co, Ida	RESIDENCE	Oneida Sta. Franklin Co, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	MO	BIRTHPLACE	Minn.
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Address Preston Ida.

Filed Aug 2 1922 Mrs Ida Tippets Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1960

619-102-02-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 103197

County of Franklin
City of Preston
No. ..... St. .....
Registration District No. 24
Hospital .....
Primary Registration District No. 2119
Registered No. 180

FULL NAME OF CHILD Jesse DeVar Farnes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			yes.	July 2 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jesse H. Farnes	FULL MAIDEN NAME	Ethel Hazel Wenger
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 1.30 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Cutler
Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 1 1922 Mrs Ida Tippetts
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-19-41

Form V. S. No. 11-C—25m-

STATE OF IDAHO
[redacted]EAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

103198

RECEIV[redacted]
JUL 31 [redacted]
BUREAU OF [redacted]
STATISTICS

[redacted]y

Registration District No. 16 File No. 147

St.

Primary Registration District No. 2153 Registered No.

Hospital

FULL NAME OF CHILD Alvin Grant Zollinger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	6 (Month) – 8 (Day) – 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alvin J Zollinger	FULL MAIDEN NAME	Alta Grant
RESIDENCE	Mackay Ida	RESIDENCE	Mackay Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.45 am on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carroll A B Jensen M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Mackay Idaho

19

Filed 7/27 1922 Rose Nowacki
Registrar

Registrar

S-Y CO. 64858

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANE[redacted]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for ea[redacted] of each, in order of birth stated.

SEP 1 1 1942
1942

3-225-019-436

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 31 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103199

County of Custer

City of Mackay

Registration District No. 76 File No. 148

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Emma Jean Tchanz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	6-25-1922

FATHER		MOTHER	
FULL NAME	Otto Tschanz	FULL MAIDEN NAME	Myra McFarland
RESIDENCE	Mackay Ida	RESIDENCE	Mackay Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	South Dakota	BIRTHPLACE	Oregon
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.15 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carroll A B Jensen M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay Ida

Filed 7/27 1922 Rose Nowacki

Registrar Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

575-103 0 H- [redacted]

PLACE OF BIRT[redacted] STATE OF IDAHO

Form V. S. No. 11-C—2[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103200

RECEIVED JUL 31 1922 BUREAU OF VITAL STATISTICS

County of Custer

City of Mackay

Registration District No. 76

File No. 149

No. ..... St.

Primary Registration District No. 2153

Registered No. .....

Hospital .....

FULL NAME OF CHILD Reed Meyerhopper Nielsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	6 - 8 - 22 191 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. G. Nielsen	FULL MAIDEN NAME	Pearl Martha Meyerhoffer
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carroll A B Jensen M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

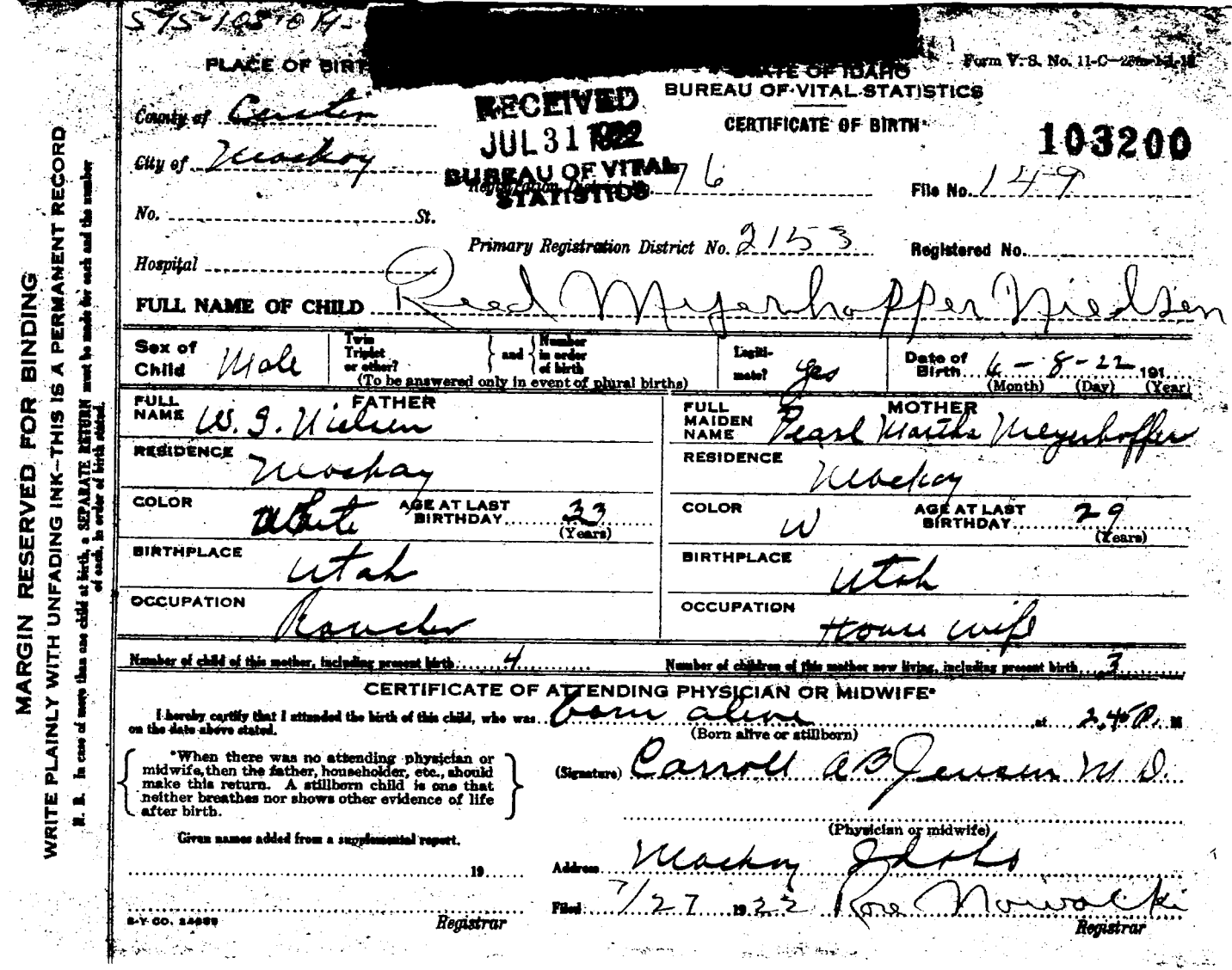
Address Mackay Idaho

Filed 7/27 1922 Rose Nowacki

Registrar

Registrar

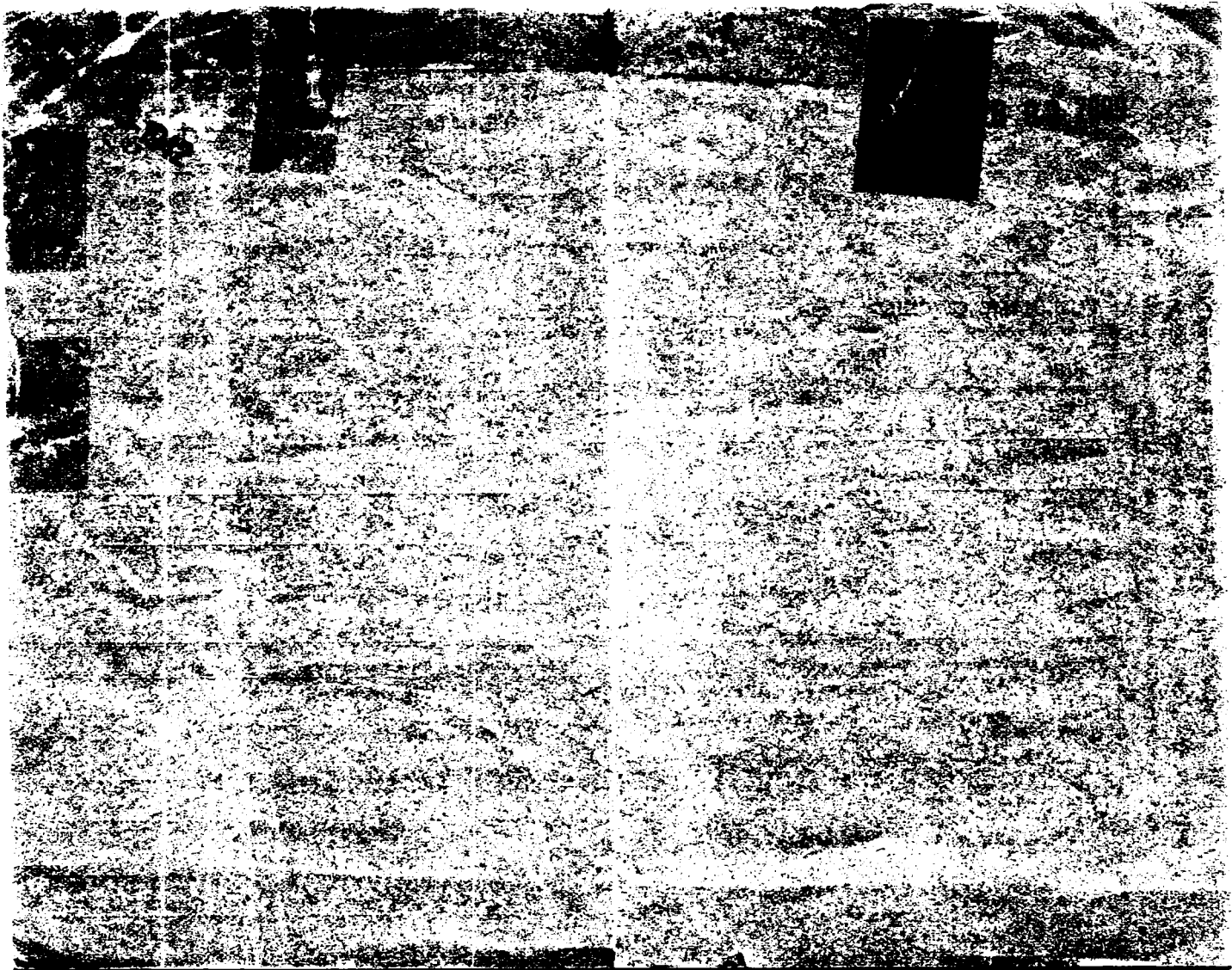
S-Y CO. 24689



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Fremont

City of 243-130-022-766

No. ..... St.

Hospital .....

Name amended 6/5/81

RECEIVED AUG 5 1922

CERTIFICATE OF BIRTH

103201

Registration District No. 102

File No. 1

Primary Registration District No. 6

Registered No. 123

FULL NAME OF CHILD Blaine Cutler

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	7 30 - 2 19..

What bactericidal solution was used in eyes? Saturat Sol Boric Acid

Number of child of this mother, including present birth 8 ..... Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Sheldon A. Cutler	FULL MAIDEN NAME	Lillian Powers Cutler
RESIDENCE	Ashton, Idaho	RESIDENCE	Ashton Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Virginia
OCCUPATION	Waiter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) CC Meacham

Phys (Physician or midwife)

Address Ashton Idaho

Filed 7/31 1922 CC Meacham Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
APR 13 3 45 AM '81

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 103201

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Robert Cutler (Name on Original Certificate) who was born (Was Born or Died) on July 30, 1922 (Date of Event)
in Ashton ~~Aston~~, Idaho (Fremont) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's maiden name	Lillian Powers Cutler	Lillie CatherinePowers
child'sname	Robert Cutler	x Blaine Cutler
fathe r'sname	Sheldon A. Cutler	Andrew Sheldon Cutler

Subscribed and sworn to before me this 6th day of April, 19 81

Notary Public, residing at Blackfoot, Idaho
My commission expires Oct 4, 1981
(Seal)

Signed Lydia Virginia Powell (SISTER)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

398 Randolph, Pocatello Idaho 83201
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of April, 19 81

Notary Public, residing at Blackfoot Idaho
My commission expires Oct 4, 1981
(Seal)

Signed Margaret N Cutler (SISTER)
(Signature of Any Credible Person)

303 N. Hayes #307 Pocatello Idaho 83201
(Street Address, City, State)

FORM DH 60-155

CL 11/7/78 nm

Certificate of Baptism and Confirmation Ashton Ward Yellowstone Stake #101 shows name as Blaine Cutler and is the son of Sheldon Cutler and Lillie Powers He was born July 30th 1922 at Ashton Idaho and baptized December 30 1933 Viewed by VS

Public School Diploma State of Idaho Freemont County dated 21st day of May 1936 showes name as Blaine Cutler and given at St. Anthony Idaho signed by John W. Condie State Superintendent of Public Instruction. Viewed by VS

754.227.022-306

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

10320

County of Fremont

City of

No. S

Hospital

RECE
AUG 3
BUREAU OF
STATISTI

Registration District No. 102 File No.

Primary Registration District No. 6 Registered No. 122

FULL NAME OF CHILD Patricia Pemble

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes.	Date of birth (Month) 7 (Day) 27 (Ye 192
Female			

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Rex Pemble	FULL MAIDEN NAME	Marian Brown Pemble
RESIDENCE	Drummond Ida	RESIDENCE	Drummond, Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:~~30~~ P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C C Meacham
Phys
(Physician or midwife)

Address Ashton, Idaho

Filed 7/28 1922 C C Meacham
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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356 108 022 547

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 3 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103203

County of [illegible]

City of

No.

Hospital

Registration District No. 102 File No. 1

Primary Registration District No. 6 Registered No. 121

FULL NAME OF CHILD Don La Fay Lewis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	7-8-1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lafay Lewis	FULL MAIDEN NAME	Mabel Elizabeth Lewis
RESIDENCE	Ashton, Ida	RESIDENCE	Ashton Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Meacham
Phys.
(Physician or midwife)

Address Ashton, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 7-8-1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RAL REASONS WHY A CERTIFICAT
H CHILD AND THE SAME COMPL

- - - - -

and return this sheet, at your

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ashton

Street:

County: Fremont

File Number: 103203

Registration Dist. No.: Ashton

Date of Birth: 8th July 1922

Sex of Child: Male

Father: La Fay Lewis (Full Name)

Mother: Mable Blair Edgerton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Don La Fay Lewis (Child's Name in Full)

Mrs. La Fay Lewis (Signature of Father or Mother)

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

816-204-022-396

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 3 19..
BUREAU

103204

CERTIFICATE OF BIRTH

County of Fremont

City of

No. St.

Registration District No. 102 File No. 1

Hospital

Primary Registration District No. 6 Registered No. 120

FULL NAME OF CHILD
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	7-4-1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Arthur S. Hawkes	FULL MAIDEN NAME	Hazel Crouch Hawkes
RESIDENCE	Homer, Ida	RESIDENCE	Homer Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C C Meacham
Phys
(Physician or midwife)

Address Ashton Idaho

Filed 7/4 1922 C C Meacham
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386103-022-632

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103205

RECEIVED AUG 3 192 BUREAU OF VITAL STATISTICS

County of Fremont

City of

No. St. Registration District No. 102 File No. 1

Hospital Primary Registration District No. 6 Registered No. 119

FULL NAME OF CHILD Perry Donald Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes.	7-3- 192-

What bactericidal solution was used in eyes? 1% Argyrol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Perry Davis Thompson	FULL MAIDEN NAME	Olga Olsen Thompson
RESIDENCE	Ashton Idaho.	RESIDENCE	Ashton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	4-5- (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Utah.
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1:10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Graham M.D.
(Physician or midwife)

Address Ashton Idaho.

Give names added from a supplemental report.

....., 19.....

Filed 7-3- 192- C. M. Graham
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 483-117-025-238

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

[redacted]ACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103206

County of Idaho

City of Kendrick Registration District No. 105 File No. 32

No. ____ St.

Primary Registration District No. 3183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Herman Joseph Uhlenhoth.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	Feb. 17 1922

FATHER	MOTHER
FULL NAME August Uhlenhoth.	FULL MAIDEN NAME Anna Schrieber
RESIDENCE Kendrick	RESIDENCE Kendrick
COLOR W.	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Minn.	COLOR W. AGE AT LAST BIRTHDAY 30 (Years)
OCCUPATION Farmer	BIRTHPLACE Wis.
	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:00 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

(Signature) Aug. Uhlenhoth (Father)
(Physician or midwife)

Address Cottonwood Ida.

Filed July 7 1922 W J Owen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695.716.025-483

PLACE OF BIRTH

RECEIVED
JUL 12 192
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

103207

County of Idaho

City of Ferdinand

Registration District No. 105

File No. 33

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Wilfred Jerome Frei

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 16 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clemens C. Frei	Philomena Uhlorn
RESIDENCE	Ferdinand, Idaho	Ferdinand, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	38
BIRTHPLACE	Widnau, Switzerland	Greenville, Bond, Ill.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE ~~OF ATTENDING~~ PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Clemens C. Frei

(Physician or midwife)

Address Ferdinand Ida.

Filed July 7 1922 W. F. Orr Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-111-025263

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

103208

County of Idaho

City of Ferrus

Registration District No. 106 File No. 34

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Bernard Francis Waschsmitter

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	May 11 1922

FATHER		MOTHER	
FULL NAME	Raymond Waschsmitter	FULL MAIDEN NAME	Mary Anna Kolbeck
RESIDENCE	Ferrus.	RESIDENCE	Ferrus.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	So. Dak.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

Cottonwood Ida.
(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Registrar

Address ____

Filed July 7 1922 W. F. Orr
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

215-209-025-547

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Idaho

CERTIFICATE OF BIRTH

103209

City of Green Creek

Registration District No. 105 File No. 35

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ruth Wm Baerlocher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	May (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Barney Baerlocher	FULL MAIDEN NAME	Katheryn Nuxoll
RESIDENCE	Green Creek	RESIDENCE	Green Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Cottonwood Idaho.

Filed July 7 1922 W. F. Orr Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1944

819-118-025-183

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

103210

County of Idaho

City of Green Creek

Registration District No. 105 File No. 36

No. _____ St.

Primary Registration District No. 2183 Registered No. _____

Hospital _____

FULL NAME OF CHILD Delbert Harman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	May 18 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Harman.	Elenor Ahlers.
RESIDENCE	Green Creek	Green Creek.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Idaho.	Ill.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P. M., on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. _____ 19____

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Address Cottonwood Idaho,

Filed July 7 1922 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of child, in order of birth stated.

NOV 1 1 1971

113 114 025-617

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

103211

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 37

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD John Paul Jacobs

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	May 14 1922

FATHER	MOTHER
FULL NAME Michael Jacobs.	FULL MAIDEN NAME Helen Wagner
RESIDENCE Cottonwood	RESIDENCE Cottonwood
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Wis.	BIRTHPLACE Minn.
OCCUPATION Lumber Yard Manager	OCCUPATION House wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.
(Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report.

19____

Registrar

Filed July 7 1922 W. F. Orr
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

694-122-025-942

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103212

County of Idaho

City of Cottonwood

Registration District No. 205 File No. 38

No. ..... St.

Primary Registration District No. 2.83 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~xxxxxxxxx~~ Winner Maurice Henry

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 22 1922

FATHER	MOTHER
FULL NAME Frank Winner	FULL MAIDEN NAME Nellie Vandemeyer
RESIDENCE Cottonwood	RESIDENCE Cottonwood
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Minn.
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:a. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.
(Physician or midwife)

Address Cottonwood, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed July 7, 1922 W. F. Orr
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Idaho } ss.

Certificate No. 105212

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Morris Wimer (Name on Original Certificate) who was born (Was Born or Died) on June 22, 1922 (Date of Event)
in Cottonwood, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on June 22, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Morris	Maurice Henry Wimer

Subscribed and sworn to before me this 17
day of Sept., 1942

Felix Martinez
Notary Public, residing at Cottonwood Ida

My commission expires 12-14-1945
(Seal)

Signed Nellie J. or Natalie J. Rustemeyer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Wimer

Cottonwood Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Idaho } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17
day of September, 1942

Felix Martinez
Notary Public, residing at Cottonwood Ida

My commission expires 12-14-1942
(Seal)

Signed Clarence H. Maw
(Signature of Any Credible Person Other Than Previous Year)

Cottonwood, Idaho.
(Street Address, City, State)

SEP 21

193-125-025-238

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 21-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103213

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 39.

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD William Frank Eichlmayr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	June 25 1922

FATHER	MOTHER
FULL NAME: Otto Eichlmayr	FULL MAIDEN NAME: Mary Scheer
RESIDENCE: Cottonwood	RESIDENCE: Cottonwood
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Germany.	BIRTHPLACE: Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A. M., on the date above stated.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Address Cottonwood Ida.

Filed July 7 1922 W. F. Orr Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1946

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3862 — 18-025-261

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103214

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

Hospital .....

Registration District No. 105 File No. 40

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Wilma Ilona Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	June 18 1922

FATHER	MOTHER
FULL NAME Harvey L. Thompson	FULL MAIDEN NAME Lydia Swatsman
RESIDENCE Ferdinand Ida.	RESIDENCE Ferdinand.
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Wash.
OCCUPATION Laborer	OCCUPATION House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 - A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Wesley F. Orrs M.D.

(Physician or midwife)

Address Ottomwood Ida.

Filed July 7 1922 W. F. Orrs
Registrar

669-119-025-365

Form V. S. No. 11.C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103215

County of Idaho

City of Ferns

Registration District No. 105 File No. 41

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Vern Ellis Fortin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legiti mate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	June 19 1922

FATHER		MOTHER	
FULL NAME	William A. Fortin	FULL MAIDEN NAME	Addie M. Lovelace
RESIDENCE	Ferns	RESIDENCE	Ferns
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ore.	BIRTHPLACE	Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11. A. M. on the date above stated.

(Signature) Wesley F. Orr

(Physician or midwife)

Address Cottonwood Ida.

Filed July 7 1922 W. F. Orr Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 [redacted]2

JUN 30 1972

562-221-025-343

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 12 22

CERTIFICATE OF BIRTH

103216

County of Idaho

City of Kenterville

Registration District No. 105 File No. 42

No. ..... St.

Primary Registration District No. 2[illegible] Registered No. .....

Hospital .....

FULL NAME OF CHILD Gertrude Bernadine Voskuhlar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Voskuhlar	FULL MAIDEN NAME	Elizabeth Luchtefeld
RESIDENCE	Kenterville	RESIDENCE	Kenterville
COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9-A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Cottonwood Idaho.

Filed July 7 1922 W. F. Orr Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 103216

County of Idaho } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Gertrude Bernadine Voskuler (Name on Original Certificate) who was born (Was Born or Died) on June 21 1922 (Date of Event)

in Idaho County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by All family records (Bible Record, Insurance Policy, Etc.) prepared on various dates (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Voskular	Voskuhler

Subscribed and sworn to before me this 3

day of September 1942

W. W. Flint

Notary Public, residing at Cottonwood, Idaho

My commission expires Aug. 18, 1944

(Seal)

Signed John Voskuhler

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Reuterville, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Idaho }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd

day of September, 1942

W. W. Flint

Notary Public, residing at Cottonwood, Idaho

My commission expires Aug. 18, 1944

(Seal)

Signed W. W. Albers

(Signature of Any Credible Person Other Than Previous Year)

Cottonwood, Idaho

(Street Address, City, State)

SEP 4 [illegible]

SEP

319-208-025-652

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103217

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 43

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Benita Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Jan 8 1922

FATHER	MOTHER
FULL NAME Rudolph J. Carlson	FULL MAIDEN NAME Lucia Weber
RESIDENCE Cottonwood	RESIDENCE Cottonwood
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Kans.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6-A. M. on the date above stated.

(Signature) Signed: Rudolph Carlson

(Physician or midwife)

Address Cottonwood Ida.

Filed July 7 1922 W F. Ord Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 9 1986

JUN 0 7 2001

Dup of 1921-32[illegible]

238-17-025-238

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

103218

County of Idaho

City of Green Creek

Registration District No. 105 File No. 44

No. — St.

Hospital

Primary Registration District No. 2183 Registered No.

FULL NAME OF CHILD Anselm Joseph Schumacher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	April 17 1922

FATHER		MOTHER	
FULL NAME	Anton Schumacher.	FULL MAIDEN NAME	Frances Schmidt
RESIDENCE	Green Creek.	RESIDENCE	Green Creek.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ill.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6-P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Signed- Anton Jansen
(Physician or Midwife)

Address Green Creek. Idaho

Filed July 7 1922 W. F. Orr
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 4 1972

854-209-025-363

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUL 14 1922
BUREAU OF VITAL STATISTICS

County of Idaho

City of Kooskia

Registration District No. 106

File No. 103219

No. ..... St.

Primary Registration District No. 2184

Registered No. 20

Hospital .....

FULL NAME OF CHILD Leola Elberta Hemphill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alexander Hemphill	FULL MAIDEN NAME	Inez Toll
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Verberkmoes

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Kooskia - Idaho

..... 19.....

Filed July 1 1922 J M Verberkmoes

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-220-025-695

PLACE OF BIRTH

RECEIVED JUL 14 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

103220

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 23

FULL NAME OF CHILD Dorothy May

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 20 1922

FATHER		MOTHER	
FULL NAME	John G. May	FULL MAIDEN NAME	Mabel Winkle
RESIDENCE	Kooskia	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Boise - Idaho	BIRTHPLACE	Brigham Co Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.40 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Verbeck M.D.
Physician
(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report 19..

DECEASED

Registrar

Filed July 1 1922 J M Verbeck M.D.
Registrar

MAY 1 1970

APR 1 5 1987

412-119 025-391

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. 103221

Primary Registration District No. 2184 Registered No. 22

FULL NAME OF CHILD James Benjamin Makibbin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles F. Makibbin	FULL MAIDEN NAME	Margaret Tralick
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Harrisburg Pennsylvania	BIRTHPLACE	Pennsylvania
OCCUPATION	Forester	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Verbeekinnes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia Idaho

Registrar

Filed July 1 1922 J M Verbeekinnes Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 1942

Amended Feb. 15, 1952

PLACE OF BIRTH

331-210-027-415

County of Jerome

City of Eden

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 — File No. 103223

Primary Registration District No. 1017 2017 — Registered No. .....

FULL NAME OF CHILD GENEVA EUGENIA CLAIBORNE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Apr. 10, 1922

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 11 — Number of children of this mother now living, including present birth 11

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jno. Claiborne	Flora Davis
RESIDENCE	Eden, Idaho	Eden, Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	white 44	white 39
BIRTHPLACE	Ark.	Mo.
OCCUPATION	Farmer	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

(Signature) W. P. Scraggs, M.D.

(Physician or midwife)

Address Eden, Idaho

Filed June 19 192 2 — E.D. Piper, M.D.
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

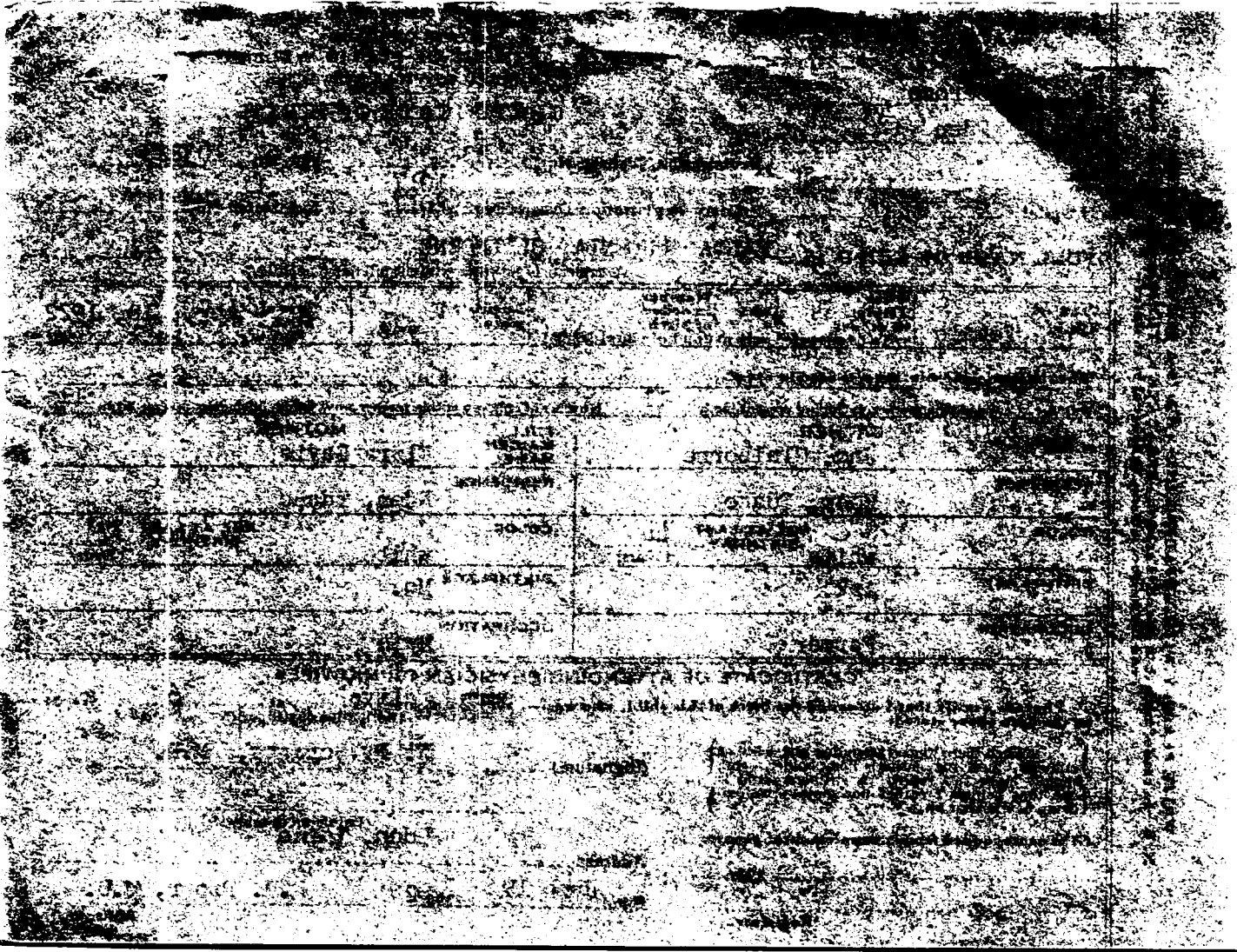
Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 103223

Date Filed June 19, 1922

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Eugenia Geneva Caiborne	Geneva Eugenia Claiborne

Subscribed and sworn to before me this 14th day of Feb, 19 22

Notary Public, residing at Mabel Fleeger

My commission expires .....
(Seal)

Signed B. M. Claiborne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH - 51117

695-23-027-613

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 20 1922 BUREAU OF VITAL STATISTICS

County of Jerome District No. 23 File No. 103224

City of Jerome No. 1017 St.

Primary Registration District No. 2017 Registered No.

Hospital

FULL NAME OF CHILD Shirley Eileen Freeman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	June 13 1922

FATHER		MOTHER	
FULL NAME	Stirling Frank Freeman	FULL MAIDEN NAME	Alma Elizabeth Walker
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	Cau	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Montana	BIRTHPLACE	Nebraska
OCCUPATION	Clerk	OCCUPATION	Work

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

(Signature) E. D. Piper M. D.

(Physician or midwife)

Address Jerome Ida

Filed June 19 1922 E. D. Piper Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1949

SEP 24 1942

Dept of 1922-10/894

395-120-027-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

RECEIVED JUN 20 1922 BUREAU OF VITAL STATISTICS

Registration District No. 23

File No. 103225

No. ..... St.

1017

Primary Registration District No. 2017

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ross Milton Granville Milton Lindley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Lindley	FULL MAIDEN NAME	Hazel Trefry
RESIDENCE	Eden Ida.	RESIDENCE	Eden, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Okla.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Hsw f.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Scroggs M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address: Eden, Ida.

Filed June 19 1922 E. D. Piper M.D. Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 7, 1941. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-121-027-394

PLACE OF BIRTH

V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JUN 20 1922
BUREAU OF VITAL STATISTICS

103227

County of Ada

City of Eden

No. [redacted] St.

File No.

Primary Registration District No. 2017

Registered No.

Hospital

FULL NAME OF CHILD William Harold Davis

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 21 1922

FATHER

FULL NAME William GORDON Davis

RESIDENCE Eden Ida.

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Ark.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Minnie Crump.

RESIDENCE Eden, Ida.

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Ida.

OCCUPATION Housework.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. P. Scroggs M. D.

Eden (Physician or midwife)

Address

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Jun 21 1922 E. D. Peyton M. D.
Registrar

S-Y-CO 38071

DUP OF 1922-105802

RECEIVED
AUG 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG ..... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Eden; Street; County Jerome

File Number 103227

Registration Dist. No.

Sex of Child Male

Date of Birth May 21 1922

Father William Gordon Davis (Full Name)

Mother Minnie Crump (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William Harold Davis
Child's Name in Full

Wm G Davis
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

DUP OF 22-105802

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-201-027-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 20 1922 BUREAU OF VITAL STATISTICS

County of Jerome

City of Eden

Registration District No. 23

File No. 103228

No. ____ St.

1017

Primary Registration District No. 2017

Registered No. ____

Hospital ____

FULL NAME OF CHILD Ella June McClain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 1 1922

FATHER		MOTHER	
FULL NAME	Robt. McClain	FULL MAIDEN NAME	Margaret Watson
RESIDENCE	Eden, Ida	RESIDENCE	Eden, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Penn.	BIRTHPLACE	Nova Scotia
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M. on the date above stated.

(Signature) W. P. Scroggs M.D.

(Physician or Midwife) Eden, Ida.

Address ____

Filed June 17 1922 E. D. Pyper M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

.... Registrar

9-Y-CO 38071

STATE OF IDAHO

RECEIVED
AUG 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, August 7, 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Eden, Idaho.

Street: R.F.D. 1.

County: Jerome

File Number: 103228

Registration Dist. No.:

Date of Birth: June 1, 1922

Sex of Child: Female

Father: Robert Irvin McBlain (Full Name)

Mother: Margaret May Labean (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ella June McBlain
Child's Name in Full

Margaret May McBlain.
Signature of Father or Mother

JUL 1 9 1973

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

549-215-027-249

PLACE OF BIRTH

Form C-35m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 20 1922
BUREAU OF VITAL STATISTICS

County of Jerome

City of Eden

Registration District No. 23

File No. 103229

No. ..... St.

1017

Primary Registration District No. 2017

Registered No. .....

Hospital .....

FULL NAME OF CHILD Billy Louise Quick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 15 1922

FATHER		MOTHER	
FULL NAME	Calvin Quick	FULL MAIDEN NAME	Dottie Burgoyne
RESIDENCE	Eden, Ida.	RESIDENCE	Eden, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Neb.	BIRTHPLACE	Kans.
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. P. Scruggs M.D.

(Physician or midwife)

Address Eden, Ida.

Given names added from a supplemental report.

..... 19.....

Filed June 19 19 22 E. D. Piper M. D.

..... Registrar

Registrar

8-Y-CO 38071

RECEIVED
AUG 14 19..
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .... Eden Ida..

Street .....

County ..... Jerome.....

File Number 103229

Registration Dist. No. .....

Sex of Child ..... Female

Date of Birth ..... Jan 15 ..... 192 2

Father James Calvin Quick. (Full Name)

Mother Dottie Burgoyne (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Billy Louise Quick. (Child's Name in Full)

Mrs. J. C. Quick. (Signature of Father or Mother)

JUL 24 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Amended 3-18-58

PLACE OF BIRTH

632-1#6-027-629

County of Jerome

City of Eden

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 103230

Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD Cecil Frank Olsen

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	March 16, 192 2

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Jesse Olsen	FULL MAIDEN NAME	Jennie Obray
RESIDENCE	Eden, Idaho	RESIDENCE	Eden, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Butcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) W. P. Scroggs, M. D.

(Physician or midwife)

Address Eden, Idaho

Filed June 19, 192 2 E. D. Pifer, M. D.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 103230

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Cecil Frank Olsen (Name on Original Certificate) who was born (Was Born or Died) on March 16, 1922 (Date of Event) in Eden (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Cert. of Blessing (Bible Record, Insurance Policy, Etc.) prepared on May 7, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Cert. of Baptism March 30, 1930 Viewed by v.s.	
Sex of Child	Female	Male
Father's Last Name	Oleson	Olsen

Subscribed and sworn to before me this 17 day of March, 1958

Nell Elison

Notary Public, residing at Boise

My commission expires March 25-1961

(Seal)

Signed Cliff A. Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

605 Brookdale, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of March, 1958

Nell Elison

Notary Public, residing at Boise

My commission expires March 25-1961

(Seal)

Signed Rulon Swensen
(Signature of Any Credible Person)

600 Coston St. Boise Idaho
(Street Address, City, State)

off only

955-211-027-861

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 20 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ✓ St.

Registration District No. 23 1017

File No. 103231

Primary Registration District No. 2017 Registered No.

Hospital ✓

FULL NAME OF CHILD Reed-, Doris A

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	✓ and	✓	Yes	June 11th 1922

FATHER		MOTHER	
FULL NAME	Ralph L. Reed.	FULL MAIDEN NAME	Wanda H. Hoag.
RESIDENCE	Jerome.	RESIDENCE	Jerome.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Elm spring Ark.	BIRTHPLACE	Lowell Mich.
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:45 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J. L. Alexander
Phy.
(Physician or midwife)

Address Twin Falls Ida.

Filed June 19 1922 E. D. Pope M.D.
Registrar

Argyol 5 To Eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 29 1953

613-202 -
029-623

PLACE OF BIR[redacted]

RECE[illegible]
JUL 13 [illegible]
BUREAU OF
STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

103232

CERTIFICATE OF BIRTH

County of Latah

City of Avon R.1

Registration District No. 2147 File No. 6

No. ..... St.

Primary Registration District No. 67 Registered No. 54

Hospital .....

FULL NAME OF CHILD Alice Evangeline Waller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	May 2 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arnold Waller	FULL MAIDEN NAME	Bertha Osterberg
RESIDENCE	Avon R.1	RESIDENCE	Avon R.1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:35 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust
Physician
(Physician or midwife)

Given names added from a supplemental report.

5/5 1922

Address Deary

R. C. Faust
Registrar

Filed 5/6 1922 R. C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

261-116-029 [redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF [redacted] ICS

County of [redacted] TH

103233

City of Deary Registration District No. 2147 File No. 7

No. ..... St.

Primary Registration District No. 67 Registered No. 1

Hospital .....

FULL NAME OF CHILD William Albert Swanson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓	✓	✓	yes.	5-16 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert L. Swanson	FULL MAIDEN NAME	Myrtle Parks
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Wash.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

physician (Physician or midwife)

Given names added from a supplemental report, 5-19 1922

Address Deary

P. C. Faust Registrar

Filed 5-19 1922 P. C. Faust Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

c.c. 5/26/41. wh

759-119-029-864

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103234

County of Latah

City of Deary

Registration District No. 2147 File No. 7

No. ..... St.

Primary Registration District No. 67 Registered No. 2

Hospital .....

FULL NAME OF CHILD Chester W. Perry

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	2	2	Yes	May 19 22

FATHER		MOTHER	
FULL NAME	J. F. Perry	FULL MAIDEN NAME	Carrie Young
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Minn	BIRTHPLACE	Mass.
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician

(Physician or midwife)

Given names added from a supplemental report.

5/22 1922

P. C. Faust
Registrar

Address Deary

Filed 5/22 1922 P. C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1969

339-104-029-235

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 15 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

103235

County of Latah

CERTIFICATE OF BIRTH

City of Deary

Registration District No. 2147 File No. 7

No. ..... St.

Primary Registration District No. 67 Registered No. 3

Hospital .....

FULL NAME OF CHILD Melvin Clifford

Sex of Child M

Twin Triplet or other? ✓ and Number in order of birth ✓
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 6/4 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Halseth	FULL MAIDEN NAME	Mattie Klette
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:25 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

6/6 1922

Address Deary

P. C. Faust
Registrar

Filed 6/6 1922 P. C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, [illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Deary; Street Route #1; County Latah

File Number 103235

Registration Dist. No. .....

Sex of Child Male

Date of Birth June 4th 1922

Father Peter Halseth (Full Name)

Mother Mattie Klette Hal (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Melvin, Clifford (Child's Name in Full)

Peter Halseth (Signature of Father or Mother)

1 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

366-207-029-391

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 13 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Latah

CERTIFICATE OF BIRTH

103236

City of Avon

Registration District No. 2147

File No. 7

No. ..... St.

Primary Registration District No. 67

Registered No. 4

Hospital .....

FULL NAME OF CHILD Harriet Rowena Loomis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	N	1	Yes	6 17 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John E. Loomis	Elsie Craine
RESIDENCE	Avon R.I.	Avon R.I.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40	38
BIRTHPLACE	Ida.	Wis.
OCCUPATION	Farmer	H.W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive, at 10:17 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician

(Physician or midwife)

Given names added from a supplemental report. .....

Address Deary

6/8 1922 P. C. Faust
Registrar

Filed 6/8 1922 P. C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

AUG 15 BUREAU

JAN 17 192

Boise, Idaho, ... 192 2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Avon

Place of Birth — Street: .....

Place of Birth — County: Latah

File Number: 103236

Registration Dist. No.: 67

Sex of Child: Female

Date of Birth: June 7 192 2

Father: John Earl Loomis (Full Name)

Mother: Elsie Marie Graine (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Harriet Rowena Loomis

Child's Name in Full

Mrs Elsie Loomis

Signature of Father or Mother

JAN 18 1945

FEB 17 1953

MAY 4 1960

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

114-216029-895

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 13 19

CERTIFICATE OF BIRTH

103237

County of Latah

City of Avon P.O.

Registration District No. 2147 File No. 7

No. ____ St.

Primary Registration District No. 67 Registered No. 5

Hospital ____

FULL NAME OF CHILD Joyce Glenda Jamusch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	c		c	Yes	6/16 1922

FATHER

FULL NAME Theo. H. Jamusch

RESIDENCE Avon P.I.

COLOR W. AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Wis.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Eva Hinman

RESIDENCE Avon P.I.

COLOR W. AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Wis.

OCCUPATION H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5.22 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P.C. Faust
Physician
(Physician or midwife)

Given names added from a supplemental report

6/16 1922 Address Deary

P.C. Faust
Registrar

Filed 6/16 1922 P.C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RE
AUG 1
BUREAU OF VI
STATIST

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JAN 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Avon

Street: .....

County: Latah

File Number: 103237

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: June 16 192. 2

Father: Theodore Herman Jannusch (Full Name) Mother: Eva Melinda Hinson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Joyce Glenda Jannusch
Child's Name in Full

Mrs. Theo. H. Jannusch
Signature of Father or Mother

MAY 3 1955

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

154-125-029-622

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Latah

City of Deary R.1

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 13 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103238

Registration District No. 2147 File No. 7

Primary Registration District No. 67 Registered No. 6

FULL NAME OF CHILD Walter Lea Anderson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	yes	6/25 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Anderson	FULL MAIDEN NAME	Bertha Osborn
RESIDENCE	Deary R.1	RESIDENCE	Deary R.1.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:05 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R.C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

6/26 1922

R.C. Faust
Registrar

Address Deary

Filed 6/26 1922 R.C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1922-408463

RECEIVED
AUG 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

JAN 1 - 1922

Boise, Idaho, ... 192...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Heary Idaho

Street: .....

County: Latah County

File Number: 103238

Registration Dist. No. .....

Date of Birth: June 25 192.2.

Sex of Child: Male

Father: Elmer Anderson (Full Name)

Mother: Bertha Osborn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Walter Lea Anderson

Child's Name in Full

Bertha Anderson

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright,

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

DUP OF 1922-408463

26 321-829-456

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 25 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103240

County of Latah

City of Kendrick

No. ..... St.

Registration District No. 68

File No. .....

Hospital Home

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Gayle Marie Bolon

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 11 1922

What bactericidal solution was used in eyes? Argyrol 25% solution

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ira Bolon	FULL MAIDEN NAME	Lillie Leah De Ford
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Lapfay, Washington	BIRTHPLACE	Dayton Washington
OCCUPATION	Grocery clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11,65 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otteraaen

Physician (Physician or midwife)

Address Kendrick Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 7-10 1922 R. F. Pepper

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

Filed 192

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah

Certificate No. 103246
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Gayle Marie Bolon (Name on original certificate) who Born (Was born or died) on June-11-1922 (Date of event)
in Kendrick (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Gail Bolon	Bayle Marie Bolon
		Gayle Marie Bolon

Subscribed and sworn to before me this 9 day of Oct 1941
John L. Phillips
Notary Public, residing at Lewiston, Ida.
My commission expires 6-21-45
[SEAL]

Signed Lillie Bolon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1512-7th ave Lewiston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of Oct 1941
John L. Phillips
Notary Public, residing at Lewiston, Ida.
My commission expires 6-21-45
[SEAL]

Signed Mrs M. O Raby
(Signature of any credible person other than the previous affiant.)
Kendrick Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 16 1941

238-21-029-456

PLACE OF BIRTH

RECEIVED JUL 25 1922 BUREAU OF VITAL STATISTICS

WESTERN IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103241

County of Latah

City of Kendrick

No. ____ St. ____

Registration District No. 68 File No. ____

Hospital Home Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Marion Elisabeth Schupfer
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 21 1922

What bactericidal solution was used in eyes? Argyrol 25% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Otto Schupfer	FULL MAIDEN NAME	Elisabeth Josephine Deobold
RESIDENCE	Juliaetta, Idaho	RESIDENCE	Juliaetta, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Juliaetta, Idaho	BIRTHPLACE	Kendrick, Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.15 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otteraaen

Physician (Physician or midwife)

Address Kendrick, Idaho

Filed 7-10 1922 R F Pepper Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1943

OCT 24 1957

247-27-029-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 25 1932
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 103242

County of Latah
City of Kendrick
No. ____ St.
Hospital Home
Registration District No. 68-(68)
Primary Registration District No. ____
Registered No. ____

FULL NAME OF CHILD Raymond Loyd Bough
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	June 27 1932

What bactericidal solution was used in eyes? Silver Nitrate 1% sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Ray Bough	FULL MAIDEN NAME	Anna Christine Fredrickson
RESIDENCE	Kendrick, Idaho	RESIDENCE	Kendrick, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Stansbury, Missouri	BIRTHPLACE	Winnepeg Junction, Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otteraaen
Physician
(Physician or midwife)
Address Kendrick, Idaho

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Filed 7-20 1932 R. E. Pepper
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-21-029-845

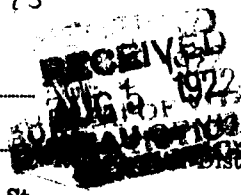
Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH



STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103243

County of Lalah

City of Bovill

District No. 66 File No. 16

No. ..... St.

Hospital Bovill Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD Iva May Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	Two	Yes	July 11 1922

FATHER		MOTHER	
FULL NAME	Harry A Smith	FULL MAIDEN NAME	Rena Zoercher
RESIDENCE	Harvard Idaho	RESIDENCE	Harvard Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1.57 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T.C. Gibson

Physician
(Physician or midwife)

Address Bovill Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed 7/12 1922 Mrs T.C. Gibson
Registrar

JUL 9 1975

249.21-029-649

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103244

County of Latah

City of Bovill

Registration District No. 66 File No. 15

No. ..... St. .....

Hospital Bovill Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD Eva Marie Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	One	Yes	July 11 1922

FATHER

FULL NAME Harry A Smith

RESIDENCE Harvard Idaho

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Michigan

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Rena Brenner

RESIDENCE Harvard Idaho

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1.40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician
(Physician or midwife)

Address Bovill Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7/12 1922 Mrs F.C. Gibson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1975

457-122-030-743

PLACE OF BIRTH

RECE[redacted] JUL 13 [redacted] BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

Registration District No. 41

File No. 103245

No. ..... St.

Primary Registration District No. 2116

Registered No. .....

Hospital .....

FULL NAME OF CHILD Louis Degan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June (Month) 22 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Louis Degan	FULL MAIDEN NAME	Thelma Gutzman
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 55 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright-Md

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Salmon

Filed July 10 1922 Clio Bellamy Registrar

Dep

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 19 1970

819-120-030-959

[redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

JUL 13 192

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lemhi

City of 10 Mile So. Salmon

Registration District No. 41

File No. 103246

No. ..... St.

Primary Registration District No. 116

Registered No. .....

Hospital .....

FULL NAME OF CHILD Fred Harding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 20th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Harding	FULL MAIDEN NAME	Viola Irie
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Hosp

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Wright MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon

Filed July 10 1922 Chas Bellamy Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-119-030-693

RECEIVED JUL 13 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

103247

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41

File No. .....

Primary Registration District No. 2116

Registered No. .....

FULL NAME OF CHILD ~~Dennis~~ Coyle, Dennis Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 19th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claude Coyle	FULL MAIDEN NAME	Mildred Williams
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Musician	OCCUPATION	Hosp

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon

Filed July 10 1922

Clio Bellamy Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1941

Certified copy issued 2-20-1941. dp

249-214-030-759

Form V. S. No. 11-C—[illegible]

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

103248

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Willa May Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	June (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William Charles Smith	FULL MAIDEN NAME	Anna Perry
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kas
OCCUPATION	Printer	OCCUPATION	Hwf

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 4:20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Wright MD

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Salmon

Filed July 10 1922 Clio Bellamy Dep Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1944

FEB 2 19

299-211-030-319

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

Registration District No. 41

File No. 103249

No. ..... St.

Primary Registration District No. 2116

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Elizabeth Kirtley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	June 11th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James L Kirtley	FULL MAIDEN NAME	Rose Carnes
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Calif
OCCUPATION	County Official	OCCUPATION	Hwf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon

Registrar

Filed July 10 1922 Chas Bellamy Registrar

Dep

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1969

261-117-031-46

Amended 3-31-64 (Be sure the information is complete and accurate)

State File No. 103252
Local Reg. No. 183
Reg. Dist. No. 47

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Lewis	a. STATE: Idaho b. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce, Idaho	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	John	Wallace	Swartz

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	6 - 17 - 1922

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
John		Swartz	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
47 YEARS	Mo.	Laborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Mary		Downs	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
44 YEARS	Mo.	6		

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

	18a. SIGNATURE	18b. ATTENDANT AT BIRTH
I hereby certify that this child was born alive on the date stated above.	E. Taylor, M.D.	M. D. [X] MIDWIFE [ ] OTHER (Specify)
	18c. ADDRESS: Nezperce, Idaho	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
7-10-1922	Albert Huff	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occ hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phy or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or ow the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, i case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... **Induced?**.....

.....

(c) State all operations for delivery

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Lewis

RECEIVED
MAR 30 1964
Bureau of Vital Statistics

Certificate No. 103252

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for John Wallace Swartz, Jr. (Name on Original Certificate) who was born (Was Born or Died) on June 17, 1922 (Date of Event) in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	John Wallace Swartz, Jr.	John Wallace Swartz
Full Maiden Name of Mother	Minnie Downer	Mary Downs

Subscribed and sworn to before me this 27 day of March, 1964

[signature]

Notary Public, residing at Nezperce, Idaho

My commission expires May, 23, 1967

(Seal)

Signed Mary Swartz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lewis

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of March, 1964

Carl Schmidt

Notary Public, residing at Nezperce, Idaho

My commission expires 8/27/65

(Seal)

Signed [signature]
(Signature of Any Credible Person)

Nezperce, Idaho
(Street Address, City, State)

FORM DH 60-155 L 12-2-63. one copy pd.

Statement from Richard W. Fike, Supt. of Schools, Nezperce Public Schools, Nezperce, Idaho -statement written March 5, 1964- states "According to the records of Joint Independent School District #302, Nezperce, Idaho, John Wallace Swartz was born the son of Mr. and Mrs. John Michael Swartz on June 17, 1922. John Wallace Swartz entered Nezperce High School on September 7, 1936 and was graduated from High School, from the same system, on May 17, 1940." - viewed by V.S.

Cert. Copy of Certificate of Record of Marriage, State of Illinois, County of Adams, copy made Feb. 15, 1956 - gives full name of groom as John M. Swartz and full name of bride as Miss Mary Downs, married June 27, 1900 - viewed by VS

Canton High School Commencement Exercises Program, dated April 26, 1895 gives one student's full name asMary Downs - viewed by V.S.

434-204-031-363

PLACE OF BIRTH

[redacted]

AUG 4 1922

BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

103254

Registration District No. 50

File No. .....

Primary Registration District No. 2129

Registered No. 34

FULL NAME OF CHILD Bettie Rose McMillen

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	+		+	Yes	June 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George McMillen	FULL MAIDEN NAME	Althea L. L. Coleman
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Washington	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:35 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. M. Langhlin

Physician

(Physician or midwife)

Address Winchester, Ida.

Filed 7/30 1922 R. E. Dewelof Registrar.

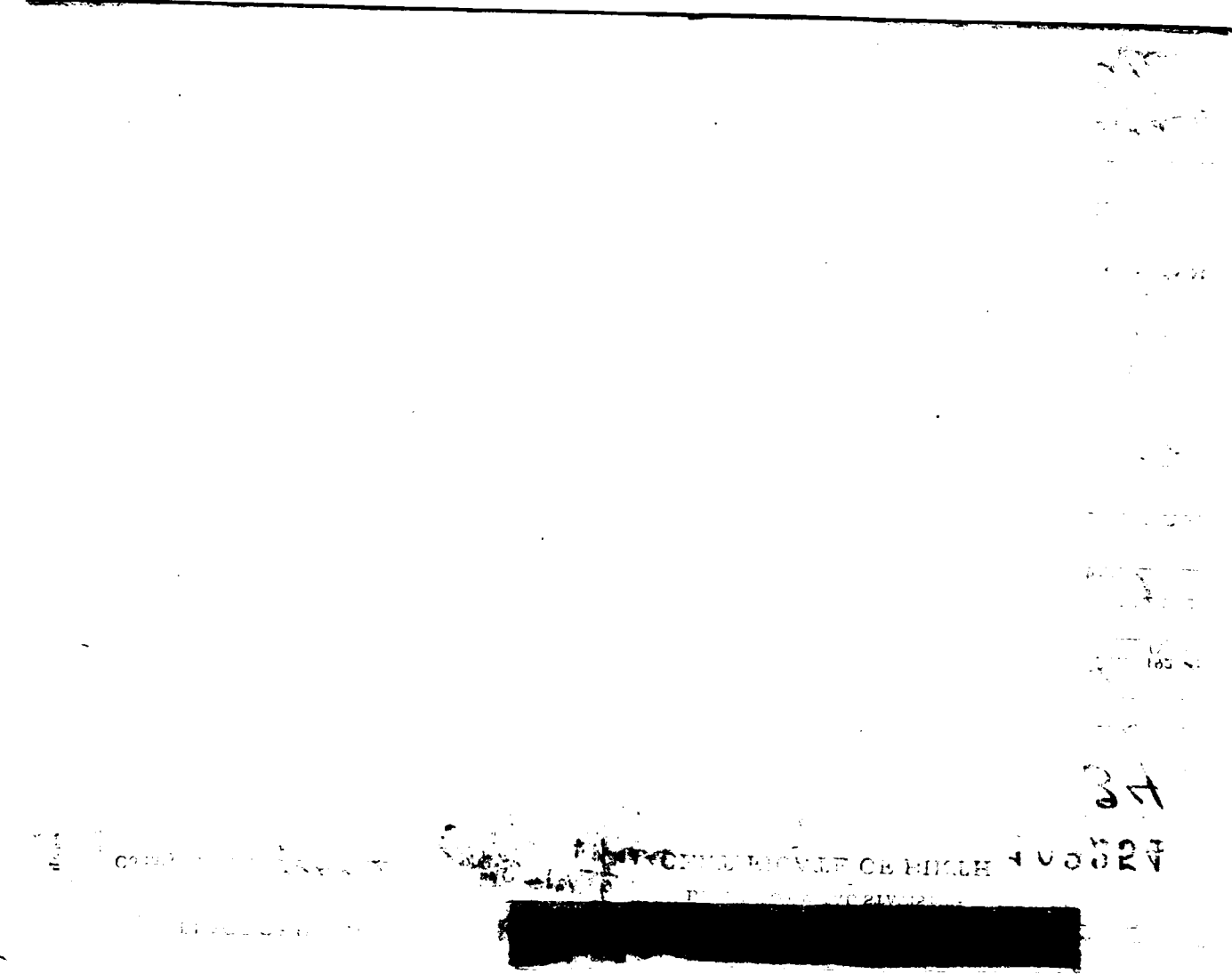
Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



854-122-031-393

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 102255

County of Lewis

City of Reubens

No. ..... St. ..... Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. 2129 Registered No. 33

FULL NAME OF CHILD Marvin Hewett
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	Yes	May 22 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Boron acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	CHARLES Elmer Hewett	FULL MAIDEN NAME	Grace Mayfield
RESIDENCE	Reubens Ida	RESIDENCE	Reubens Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6309 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Litchfield
midwife
(Physician or midwife)

Address Reubens Idaho.

Filed 7/26 1922 R E Dunlap
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS [illegible] A CERTIFICATE

Dep of 1922 - 325103

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Reubens

File Number: 103255

Street:

County: Idaho Lewis Co

Registration Dist. No. 29

Sex of Child: Male

Date of Birth: May 22nd 1922

Father: Charles Elmer Hewett (Full Name)

Mother: Grace Mae Litch (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marvin Hewett

Child's Name in Full

Charles Elmer Hewett.

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

213-118-031-667

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

County of Lewis
City of Winchester
No. ..... St.
Hospital .....

CERTIFICATE OF BIRTH 103256

Registration District No. 60 File No. .....
Primary Registration District No. 2179 Registered No. 32

FULL NAME OF CHILD James Bennet Bucklund
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	July 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Benjamin Bucklund	FULL MAIDEN NAME	Orpha M. Fox
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minnesota	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Hammond

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Em. Laughlin
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Winchester Ida

Filed 7/19 1922 R. Edwards
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-10-41

Dear Madam BUREAU OF VITAL STATISTICS ST. PAUL

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Winchester

Street:

County: Lewis

File Number: 103256

Registration Dist. No.: School Dist No 38

Date of Birth: July 18 1922

Sex of Child: Male

Father: Johnathan Benjamin Backlund (Full Name)

Mother: Ophia Matilda Fox (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Bennet Backlund (Child's Name in Full)

Mrs. Ophia Backlund (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

336-114-031-214

PLACE OF BIRTH

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont

No. ____ St.

Registration District No. 50 29

File No. 103257

Hospital ____

Primary Registration District No. 2129

Registered No. 31

FULL NAME OF CHILD James Edward Clovis

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) July (Day) 14 (Year) 192 2
male		Yes	

What bactericidal solution was used in eyes? Argno3

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME Clyde Edward Clovis	FULL MAIDEN NAME Christina Hauffman
RESIDENCE Craigmont, Idaho.	RESIDENCE Craigmont, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Washington.
OCCUPATION Hdware Mercant	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) R. E. Dunlap M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Filed 7/13 192 2. R E Dunlap
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512 223.031-399

PLACE OF BIRTH

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103258

County of Lewis

City of Craigmont, RFD.

No. ..... St.

Registration District No. 50 ..... File No. .....

Hospital .....

Primary Registration District No. 2129 ..... Registered No. 30

FULL NAME OF CHILD Bernice Eastman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	— —	Yes	May 23 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 5 ..... Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Clement W. Eastman	FULL MAIDEN NAME	Ida ~~Triplett~~ Triplett
RESIDENCE	Craigmont, RFD	RESIDENCE	Craigmont . Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Chaffe Co. Nebr.	BIRTHPLACE	Cherokee Reservarion, Okla.
OCCUPATION	Rancher	OCCUPATION	Housewfie

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 PM. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop MD
(Physician or midwife)

Address Craigmont, Idaho.

Filed 7/18 1922 R E Dunlop
Registrar.

Give names added from a supplemental report.

Bernice, 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1942

433-113-03-251

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103259

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

County of Lewis

City of Craigmont, RFD. Registration District No. 50 File No.

No.

Hospital Primary Registration District No. 2129 Registered No. 29

FULL NAME OF CHILD Henry Earl McClaren
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 13 2.

What bactericidal solution was used in eyes? Argo3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Robert J. McClaren	FULL MAIDEN NAME	Gertrude Bean
RESIDENCE	Craigmont, RFD.	RESIDENCE	Craigmont, RFD.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7.45 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) P E Douglas M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Filed 7/13 192 2. P E Douglas
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

363-108-031-617

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103260

County of Lewis

City of Craigmont

No. ..... St. Registration District No. 50 File No. .....

Hospital ..... Primary Registration District No. 2129 Registered No. 22

FULL NAME OF CHILD Jasper Allen Lockridge
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male	—	—	—	Yes	July 8 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Roy Allen Lockridge	FULL MAIDEN NAME	Bertha Mae Fagg
RESIDENCE	Craigmont Idaho.	RESIDENCE	Craigmont, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Chandler, Oklahoma	BIRTHPLACE	Johnson, Wash.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Durel of M.D.

(Physician or midwife)

Address Craigmont, Idaho.

Give names added from a supplemental report.

K ....., 19....

Registrar.

Filed 7/10 1922. R. E. Durel Registrar.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 8 - 1971
Bureau of Vital Statistics

State of Washington } ss.
County of Pierce

Certificate No. 103260

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jasper Allen Lockeridge (Name on Original Certificate) who was born (Was Born or Died) on June 8, 1922 (Date of Event)
in Craigmont, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by attached Records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Jasper Allen Lockeridge	Jasper Allan Lockridge
Child's Date of Birth	June 8, 1922	July 8, 1922
Full Name of Father	Roy Allen Lockeridge	Ray Allan Lockridge

Subscribed and sworn to before me this 26 day of July, 1971

Notary Public, residing at Puyallup

My commission expires 12-12-74

(Seal)

Signed Bertha M. Lockridge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

22209 - 120th Ct E Summer, Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Okan

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of July, 1971

Notary Public, residing at Wenatchee

My commission expires Sept 2, 1971

(Seal)

Signed Everett Tapp
(Signature of Any Credible Person)

1007 N. Baker
(Street Address, City, State)
Wenatchee, Wash.

FORM DH 60-155 CL 3-25-63. nm

Insurance Policy from The Mutual Life Insurance Company of New York gives name as Jasper Allen Lockridge. Dated Oct. 8, 1941. Date of birth gives as July 8, 1922 in Craigmont, Idaho. Viewed by V. S.

AUG 26 1971

Separation papers from U.S. Navy gives name as Jasper Allen Lockridge. date of birth as July 8, 1922 at Craigmont, Idaho. Honorable Discharge. Dated Nov. 12, 1945. Viewed by V. S.

Honorable Discharge from US Army gives name as Roy A. Lockridge. Dated May 6, 1919. From Fort D. A. Russell, Wyoming. Signed by. H. C. Smith, Major A.G.D. Per. Adjt. Viewed by V. S.

Marriage License from Idaho gives groom's name as Roy A. Lockridge and the birde's name as Bertha May [illegible], Fagg. Dated Nov. 5, 1921. Signed by W. R. Emerson Viewed by V. S.

815-227-031-754

PLACE OF BIRTH

REC IVE
AUG 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Registration District No. 30

File No. 103261

Primary Registration District No. 279

Registered No. 27

FULL NAME OF CHILD Rhyllis Burnette Hanson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	May 27 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles C. Hanson	FULL MAIDEN NAME	Julia Helen Pederson
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	N. Dak	BIRTHPLACE	Minnesota
OCCUPATION	Dray line Proprietor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin
Physician
(Physician or midwife)

Address Winchester Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/10 1922 R. C. Dwelle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF
FILED FOR EACH CHILD AT THE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Winchester

Street:

County: Lewis

File Number: 103261

Registration Dist. No.:

Date of Birth: May 27 1922

Sex of Child: Female

Father: Charles Christopher Hanson (Full Name)

Mother: Julia Helen Peders (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Phillis Burnette Hanson

Child's Name in Full

C. C. Hanson

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

33-204-03-367

PLACE OF BIRTH

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103262

County of Lewis

City of Winchester

No. ..... St.

Registration District No. 60

File No. .....

Hospital .....

Primary Registration District No. 2129

Registered No. 26

FULL NAME OF CHILD GERALDINE FAY CLARK
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	June 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Robert Clark	FULL MAIDEN NAME	Vera Luvisa Cox
RESIDENCE	Craigmont	RESIDENCE	Craigmont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Restaurateur	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 2.40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Laughlin
Physician
(Physician or midwife)

Address Winchester Ida

Filed 7/10 1922 R. C. Dunlap
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 103262

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Geraldine Fay Clark (Name on Original Certificate) who was born (Was Born or Died) on June 4, 1922 (Date of Event)
in Winchester, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Geraldine Fay Clark

Subscribed and sworn to before me this 26th day of April, 19 43

Mary Dickey

Notary Public, residing at 1017 San Fernando Road, San Fernando, California

My commission expires My Commission Expires Dec. 2, 1946
(Seal)

Signed Mrs Vera Clark Taylor (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

12938 Filmore St., Pacoima, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of April, 19 43

Mary Dickey

Notary Public, residing at 1017 San Fernando Rd.

My commission expires My Commission Expires Dec. 2, 1946
(Seal)

Signed John H Taylor
(Signature of Any Credible Person Other Than Previous Year)

12938 Filmore St., Pacoima, Calif.
(Street Address, City, State)

MAY 3 1943

142-228-31-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103263

County of Lewis

City of Winchester

No. ..... St.

Registration District No. 60

File No. .....

Hospital .....

Primary Registration District No. 2129

Registered No. 25

FULL NAME OF CHILD Marie Ella Austin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	May 28 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag. No. 3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Ebben D. Austin	FULL MAIDEN NAME	Dora D. Baily
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Minnesota	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10.40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Winchester Ida

Filed 7/10 1922 R. E. Dunlop M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVERAL RE
FILED FOR EACH CHILD AN

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 103263

Registration Dist. No. .....

Sex of Child Female

Date of Birth .....192....

Father ..... Mother .....

Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

755-128-03/-366

PLACE OF BIRTH

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103264

Registration District No. 60 File No. .....

Primary Registration District No. 2129 Registered No. 24

FULL NAME OF CHILD Alfonso Jerome Peer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	May 28 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Boric acid by Nurse

Number of child of this mother, including present birth 13 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Alfonso Peer	FULL MAIDEN NAME	Maggie Coffee
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ohio	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:10 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Wm Rosborough nurse

for Jesse Langdon

(Physician or midwife)

Address Reubens Ida

Give names added from a supplemental report.

..... 19.....

..... Registrar.

Filed 7/10 1922 R E Duvall Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

862-106-031-296

PLACE OF BIRTH

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Lewis

City of Winchester, Idaho

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH 103265

Registration District No. 50 File No. .....

Primary Registration District No. 2129 Registered No. 23

FULL NAME OF CHILD Harvey McBride Hosley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
male	—		—	Yes	June	6	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag No3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harvey H. Hosley	FULL MAIDEN NAME	Viola M. Brooks
RESIDENCE	Winchester, Idaho.	RESIDENCE	Winchester, Idahi.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Illinois	BIRTHPLACE	Kansas
OCCUPATION	Mill Labor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. McLaughlin
Physician
(Physician or midwife)

Address Winchester, Idaho

Filed 7/8 1922 R. C. Dwelle
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PER...

N. B.—In case of more than one child at birth a SEPARATE RETURN must be ma... and the number of each, in order of birth stated.

719-130-031-415

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

DEPARTME[redacted]WELFARE
BURE[redacted]STICS
CERT[redacted]IRTH 103266

County of Lewis

City of Winchester Star Route

No. ..... St. Registration District No. 50 File No. .....

Hospital ..... Primary Registration District No. 2129 Registered No. 22

FULL NAME OF CHILD John Edward Garrett
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June (Day) 30 (Year) 1922
male		Yes	June 30 1922

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ira Ambrose Garrett	FULL MAIDEN NAME	Ruth Irene Davidson
RESIDENCE	Winchester Star Route	RESIDENCE	Winchester Star Route
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebr.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R E Dunlap, M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Craigmont, Idaho.

Filed 7/2 1922. R E Dunlap
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1946

SEVERAL REASONS WHY A [illegible]

BE FILED FOR EA[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Winchester, Idaho

Street: .....

County: Lewis

File Number: 103266

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: June 30th 1922.

Father: Ira Ambrose Garrett (Full Name)

Mother: Estherene Daniels (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Oliver Garrett

Child's Name in Full

Mrs. Ambrose Garrett

Signature of Father or Mother

OVER

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage & legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1533

435-27-033-963

PLACE OF BIRTH

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

[redacted] DEP[redacted] IDAHO
[redacted] PUBLIC WELFARE
[redacted] STATISTICS
[redacted] OF BIRTH 103267

County of Madison

City of Rexburg

No. ..... St.

Registration District No. 100 File No. .....

Hospital .....

Primary Registration District No. 2178 Registered No. 207

FULL NAME OF CHILD Reed Zollinger McEntire

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	7-27-1922

What bactericidal solution was used in eyes? 2% Nitrate of Silver

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Raymond Eli McEntire	FULL MAIDEN NAME Carol Ann Zollinger
RESIDENCE Rexburg	RESIDENCE Rexburg
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Life Insurance (Agent)	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:25 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis F. Rich M.D.
(Physician or midwife)

Address Rexburg Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 7-29 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 2 7 1945

1532

386-227-033-211

PLACE OF BIRTH

RECEIVED AUG 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103268

County of Madison

City of Rexburg

No. 21-S-Center St.

Registration District No. 100 File No.

Hospital

Primary Registration District No. 2171 Registered No. 206

FULL NAME OF CHILD Grace Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	7-27-1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jesse Bowman Thompson	FULL MAIDEN NAME	Clara Baath
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Life Insurance (Agt)	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:25 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 7 2 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 19

CERTIFICATE OF BIRTH SHOUL

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Rexburg
Street 71 S. Center
County Madison

File Number 103268

Registration Dist. No. .....

Sex of Child Female

Date of Birth July 27 1922

Father Jess Bowman Thompson
Full Name

Mother Clara Thompson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Grace Thompson
Child's Name in Full

Clara Thompson
Signature of Father or Mother

OVER

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

213/22-033-199

PLACE OF BIRTH

County of Madison

City of Burton

No. ____ St.

Hospital ____

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-

CERTIFICATE OF BIRTH

103269

Registration District No. 100

File No. ____

Primary Registration District No. 2178

Registered No. 201

Full Name of Child Shigeichi Satow

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy			Yes	7 22 1922

FATHER		MOTHER	
FULL NAME	Yunojeo Satow	FULL MAIDEN NAME	Hamayo Aizawa
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3— P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Mae Nelson

(Physician or midwife)

Given names added from a supplemental report

..... 19....

..... Registrar

Address .....

Filed 7/29 1922 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE CERTIFICATE must be made for each and the number of each, in order of birth, must be stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

534

155-223-33-432

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103270

County of Madison

City of Rexburg

No. 260-W-1st North St. 100 File No.

Hospital Primary Registration District No. 2178 Registered No. 204

FULL NAME OF CHILD Stella Belle Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	3-23-1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chris Peter Jensen	FULL MAIDEN NAME	Laura Isabelle McKinlay
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Denmark	BIRTHPLACE	Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 25 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Give names added from a supplemental report.

Address Rexburg Idaho.

....., 19....

Filed 7/29 1922 [signature]
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WHY A CERTIFICATE OF BIRTH SHOULD
D THE SAME COMPLETED WITH THE NAME OF C

12

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Rexburg
- Street: 260 West 1st No.
- County: Madison

File Number: 103270

Registration Dist. No.:

Sex of Child: Female

Date of Birth: July 21th 1922

Father: Chris Peder Jensen
Full Name

Mother: Laura J. McKinlay
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Stella Belle Jensen
Child's Name in Full

C. P. Jensen
Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1531

893-123-033-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103271

County of Madison

City of Independence

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2174 Registered No. 203

FULL NAME OF CHILD Ariel T. Hill
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	1-23-1922

What bacterioidal solution was used in eyes? 2% Mercuric chrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Robert Painter Hill	FULL MAIDEN NAME	Hazel M Thomason
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Lorin L Rich MD
(Physician or midwife)

Address Rexburg Idaho

Filed 7/29 1922 R Rogers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT

BUREAU OF VITAL STATISTICS
Madison
STATE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Independence

File Number: 103278

Street: .....

Registration Dist. No. .....

County: .....

Sex of Child: Male

Date of Birth: July 23 1922

Father: Robert Painter Hill (Full Name)

Mother: Hazel Manila Thom[illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ariel J Hill
Child's Name in Full

Hazel M Hill
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1529

296-220-033-369

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103272

County of Madison

City of Thornton

No. ..... St. Registration District No. 100 File No. .....

Hospital ..... Primary Registration District No. 217 Registered No. 202

FULL NAME OF CHILD Grace Sophia Browning

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	1-20-1922

What bacteriedal solution was used in eyes? 2% Mercurochrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Edmond Browning Jr	FULL MAIDEN NAME	Jeannette Corey
RESIDENCE	Thornton	RESIDENCE	Thornton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin D Rich MD

(Physician or midwife)

Address Rexburg Idaho

Filed 7/29 1922 [illegible]

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] WHY A CERTIFICATE OF BIRTH SHO
[illegible] COMPLETED WITH THE

The name of your baby was not filled in on the birth certificate sent to this office. It is of the import-
ance to have the full name included in the record. Kindly fill in the information requested in the blank below
and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 103272

Registration Dist. No. .....

Sex of Child Female

Date of Birth .....192....

Father .....
Full Name

Mother .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Grace Sophia Browning
Child's Name in Full

Jeanette Adelia Browning
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1530

815-223-033-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 2 1922

BUREAU OF VITAL STATISTICS

County of Madison

City of Thornton

CERTIFICATE OF BIRTH 103273

No. ..... St.

Registration District No. 100 File No. .....

Hospital .....

Primary Registration District No. 2178 Registered No. 201

FULL NAME OF CHILD Florence Thelma Hancock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	3 - 23 - 1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Lester Hancock	FULL MAIDEN NAME	Florence Hazel Blodgett
RESIDENCE	Thornton	RESIDENCE	Thornton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich.

(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address Rexburg Idaho.

Filed 7/29 1922 J. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CE
ED FOR EACH CHI

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Thornton

Street:

County: Madison

File Number: 103273

Registration Dist. No.: 10

Sex of Child: Female

Date of Birth: July 23 192 2

Father: John Dister Hancock Jr. (Full Name)

Mother: Florence Hazel Blod (Full Maiden Name)

HEREBY CERTIFY that the child described herein has been named:

Florence Thelma Hancock (Child's Name in Full)

Mr. J Dister Hancock Jr (Signature of Father or Mother)

Birth registration is part of every child's birthri

It establishes legally the date of the child's birt
and legitimacy.

It enables the Public Health Nurse to make sure t
been protected from danger of blindness and other infectio

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - -

1. The correct age for purposes of school attendan
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service m
pelled to furnish certified copies of certificates of birth
portant that the certificates be filed with the BUREAU OF V
TICS and the same completed by furnishing the name of the c

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHI

1528

819-213-033-165

PLACE OF BIRTH

amend 1-8-82

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Registration District No. 100

File No. 103274

Hospital .....

Primary Registration District No. 2178

Registered No. 200

FULL NAME OF CHILD Beulah Belle Harris
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	7 - 13 - 1922

What bactericidal solution was used in eyes? 2 % Mercury chrome

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Charles Henry Harris	FULL MAIDEN NAME	Maud Jones
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

MD
(Physician or midwife)

Address Rexburg Idaho.

Filed 2 2 - 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

4-16-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 103274
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Harris (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-13-22 (Date of Event)

in Sugar (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Beulah Belle Harris

Subscribed and sworn to before me this 31 day of Dec, 1981.

Notary Public, Loane Lealtam
Residing at Shelley Idaho
My commission expires 1-27-85
(Seal)

Beulah H Johnson
Signature of Applicant
691 South Park Shelley Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of January, 1982.

Notary Public, Lynn Hall
Residing at Nottry [illegible] Idaho
My commission expires [illegible] 1982
(Seal)

Zola H Jacobs
Supporting Signature
739 W. Cedar, Pocatello, Idaho
Street Address, City, State
83201

1 cc pd

Cert of Baptism from LDS Church gives Beulah Belle Harris Barney born 7-13-22 to Charles Henry Harris and Maude R Jones was baptised 11-3-56. Viewed by V.S.

JAN 8 1982

Certificate of Graduation from Seminary in LDS Church gives Beulah Harris graduated on 5-10-36. Viewed by V.S.

1526

962-111-033- 118

PLACE OF BIRTH
name added 2-6-84 dl

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103275

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 10

File No. .....

Primary Registration District No. 7178

Registered No. 197

FULL NAME OF CHILD Lee Jaques Roberts
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	7 - 11 - 1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 14 Number of child of this mother now living, including present birth 12

FATHER		MOTHER	
FULL NAME	John Lloyd Roberts	FULL MAIDEN NAME	Amy Jaques
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich

MD
(Physician or midwife)

Address Rexburg Idaho

Filed 7/29 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-12-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

JAN 26 3 47 PM '84

Certificate No. 103275
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Roberts (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 11, 1922 (Date of Event)

in Sugar (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Lee Jaques Roberts

Subscribed and sworn to before me this 23 day of January, 1984.

Notary Public, Helen Hann

Residing at 446 So. Connell, Casper, Wyo.

My commission expires HELEN HANN Notary Public 7-19-87

(Seal) Natrona County of Wyoming

My Commission Expires July 19, 1987

Lee J. Roberts
Signature of Applicant

P.O. 311 Mill, Wyo.
221 No. Weston Rd.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

cc credit

U.S. Army Honorable Discharge lists Lee J Roberts born July 11, 1922 in Sugar, Idaho was discharged on June 25, 1946. Viewed by V.S.

FEB 6 1984

Baptism Record for LDS Church gives Lee Jaques Roberts born July 11, 1922 in Sugar City, Idaho was baptised Nov 1, 1930. Viewed by V.S.

1525

719-110-033-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Madison

City of Sugar

No. ..... St.

AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103276

Registration District No. 105 File No. .....

Hospital ..... Primary Registration District No. 2178 Registered No. 175

FULL NAME OF CHILD Dewey Dexter Garner
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	7-10-1922

What bactericidal solution was used in eyes? 2% Argyrol solution

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Franklin LeRoy Garner	FULL MAIDEN NAME	Alice Luella Garner
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 1:00 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin A. Rich MD
(Physician or midwife)

Address Rexburg Idaho.

Filed 7-27-1922 [illegible] Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 4 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
APR 23 9 39 AM '74

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 103276

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Garner (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 10, 1922 (Date of Event)

in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Dewey Dexter Garner

Subscribed and sworn to before me this 17th day of April, 1974

Jayne K. Green

Notary Public, residing at Rigby, Idaho

My commission expires 10-8-74

(Seal)

Signed X Alice Lucille Haight Garner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 4/4/74

Certifiate of Ordination to the Holy Priest hood from the LDS Church gives name as Dewey Dexter Garner. ordained a teacher on Dec. 7, 1937. born July 10, 1922 at Sugar City, Idaho. Was Baptized Sept. 6, 1930. viewed by V. S.

MAY 31 1974

Certificate of Baptism and Confirmation from the LDS Church gives name as Dewey Dexter Garner son of Frank L. Garner and Alice Haight. Born July 10, 1922 at Sugar, Idaho. Was Baptized September 6, 1930. viewed by V. S.

1524

412-110-033-915

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Madison

City of Sugar

AUG 4 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103277

No. ..... St. Registration District No. 100 File No. .....

Hospital ..... Primary Registration District No. 278 Registered No. 147

FULL NAME OF CHILD David Randall Dabell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	7 - 10 - 1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	David Lyman Dabell	FULL MAIDEN NAME	Clara Geneve Randall
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Clerk-Hardware.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho.

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed 7/29 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar City

Street:

County: Madison

File Number: 103277

Registration Dist. No.:

Date of Birth: July 10 7/12 1922

Sex of Child: Male

Father: David Lyman Dabell (Full Name)

Mother: Geneva R. Randall (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

David Randall Dabell

Child's Name in Full

David Lyman Dabell

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1523

132-107033-265

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. 154-W-1st S.

AUG 2 1922
BUREAU OF VITAL STATISTICS

Registration District No. 100

File No. 103278

Hospital

Primary Registration District No. 2178

Registered No. 196

FULL NAME OF CHILD George D Atkinson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	7 - 7 - 1922

What bactericidal solution was used in eyes? 2% Mercurochrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George Leroy Atkinson	FULL MAIDEN NAME	Ester Swenson
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was four alive (Born alive or stillborn) at 9 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich MD
(Physician or midwife)

Address Rexburg Idaho.

Filed 7/29 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RAL REASONS WHY A CERTIFICA
CH CHILD AND

Dear Madam: AUG 7 19

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Place of Birth — County: Idaho

File Number: 103278

Registration Dist. No.:

Date of Birth: July 7 1921

Sex of Child: Male

Father: D. LeRoy Atkinson (Full Name)

Mother: Esther E. Swenson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

George D. Atkinson
Child's Name in Full

Mrs. Esther Atkinson
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

238·229·033-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103279

County of Madison

City of Sugar Idaho

No. ..... St.

Registration District No. 100 File No. .....

Hospital .....

Primary Registration District No. 2178 Registered No. 185

FULL NAME OF CHILD Jeanne Schwendiman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	—	yes	June 29 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	R. J. Schwendiman	FULL MAIDEN NAME	Rhea Winter
RESIDENCE	Sugar City Idaho	RESIDENCE	Sugar City Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Teton Idaho	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson
Physician
(Physician or midwife)

Address Rexburg Idaho

Filed 7/29 1922 J. Byrning
Registrar.

Give names added from a supplemental report.

..... 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 25 1944

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	none given	Jeanne Schwendeman

Subscribed and sworn to before me this 19 day of May, 19 44

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed G. S. Vaughan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

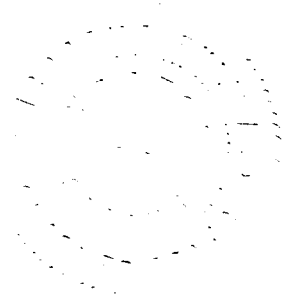
Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)



866203.033-955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103280

County of Madison

City of Rexburg Ida

No. ____ St.

Registration District No. 100

File No.

Hospital

Primary Registration District No. 2178

Registered No. 186

FULL NAME OF CHILD Eldra Lucile Hooper
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	One	—	Yes	July 3 (Month) (Day) 1922 (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyol

Number of child of this mother, including present birth. 1 Number of child of this mother now living, including present birth. 1

FATHER		MOTHER	
FULL NAME	S. W. Hooper	FULL MAIDEN NAME	Alice Reed
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Parker Ida.
OCCUPATION	Mechanic	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Parkinson

Physician

(Physician or midwife)

Address Rexburg Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/29 1922 J M Symms
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/26/41 L. B.

Dear Madam: BUREAU OF VITAL STATISTICS AUG

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 103280

Registration Dist. No. .....

Sex of Child Female

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Child's Name in Full

..... Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-206-033-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Madison

City of Rexburg Ida

No. ..... St.

Hospital .....

AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103281

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 187

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One		—	Yes	July 6 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	S. A. Harris	FULL MAIDEN NAME	Emma Cooper
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Rexburg Ida	BIRTHPLACE	Rexburg Ida
OCCUPATION	Sailsman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Parkinson
Physician
(Physician or midwife)

Address Rexburg Ida

Filed 7/29 1922 J. W. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

13-2-107-033-813

Amended 4-20-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 103282
Local Reg. No. 188
Reg. Dist. No. 109

1. PLACE OF BIRTH

a. COUNTY: Madison

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lyman, Idaho

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Madison

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lyman

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Theron b. (Middle): H. c. (Last): Atkinson

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 7 - 7 - 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Hyrum b. (Middle): Bert c. (Last): Atkinson

8. AGE (At time of this birth): 47 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Russville, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lucinda b. (Middle): Rhoana c. (Last): Hatch

13. AGE (At time of this birth): 42 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Woodscross, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 8

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G.G. Parkinson

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rexburg, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 7/29/1922

22. REGISTRAR'S SIGNATURE: J.R. Young

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST ...

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
APR 9 1965
Bureau of Vital Statistics

State of Idaho
County of Madison } ss.

Certificate No. 103282

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Atickson (male child) (Name on Original Certificate) who was born (Was Born or Died) on July 7, 1922 (Date of Event)
in Lyman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Theron Hatch Atkinson
Full Name of Father	H. B Atickson	Hyrum Burt Atkinson
Full Maiden Name of Mother	Rohana Hatch	Lucinda Rhoana Hatch

Subscribed and sworn to before me this 7th day of April 1965

Marvin D. Morrell
Notary Public, residing at Rexburg, Idaho
My commission expires June 25, 1965
(Seal)

Signed Rose Ellen Atkinson Andrus
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lewisville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 4-5-65. one copy pd. rec. #11421.

Beneficial Life Insurance Co. Policy, dated Dec. 18, 1941, #221219, gives full name of insured as Theron H. Atkinson, age 19, born July 7, 1922 at Thornton, Idaho e benficiares are given as Rhoana Atkinson, mother and sisters Alta Lamb and Rose Ellen Andrus - viewed by V.S.

Photo Copy of School Census Marshal's Report, dated Sept. 30, 1940 gives full name of student as Theron Atkinson and parents as Rhoana and Bert Atkinson - viewed by VSk

Own Child's Birth Cert. ß on file: (Idaho Birth) #54-983 gives full name of father as Theron H. Atkinson - viewed by V.S.

Mother's Death Cert. on file: (Idaho Death) #142320 gives full name as Lucinda Rhoana Atkinson, states that she was widowed at time of death, husband name is listed as Hyrum Bert Atkinson - viewed by V.S. = maiden name is given as Hatch =

Father's Death Cert. on file: (Idaho Death) #74208 gives full name as Hyrum Bert Atkinson, wife's name is given as Lucinda Rohoana Atkinson - viewd by V.S.

454-108-033-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

103283

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St. ..... Registration District No. 100 File No. .....

Hospital ..... Primary Registration District No. 2178 Registered No. 189

RECEIVED AUG 2 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD John Carl Meuser
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One and	7	Yes	7-8 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	J. F. Meuser	FULL MAIDEN NAME	Lulla Lamber
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Germany	BIRTHPLACE	Kansas Mt.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive, at 4 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Parkinson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Rexburg Ida

Filed 7/29 1922 J. Rexburg Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg Idaho.

Street: 38 South Center St.

County: Madison

File Number: 103283

Registration Dist. No.: 3

Sex of Child: Male

Date of Birth: July 8 192 2

Father: John Frank Meuser (Full Name)

Mother: Luella Lambert (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Conn Meuser

Child's Name in Full

John Frank Meuser

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

82.121.233-713

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

103284

CERTIFICATE OF BIRTH

County of Madison

City of Lyman

AUG 2 1922
BUREAU OF VITAL STATISTICS

No. ..... St. ..... Registration District No. 100 ..... File No. .....

Hospital ..... Primary Registration District No. 178 ..... Registered No. 190

FULL NAME OF CHILD GARTH PALMER BYBEE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	—	Yes	7 21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	W. R. Bybee	FULL MAIDEN NAME	Margrit Palmer
RESIDENCE	Lyman Ida	RESIDENCE	Rexburg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Honeyville Ut.	BIRTHPLACE	Rockspring Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 12 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson

Physician

(Physician or midwife)

Address Rexburg Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/29 1922 J. B. Symons
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate 103284
Date Filed DEC 1 1941

The undersigned does solemnly swear that certain facts on the certificate of Garth Palmer Birth (Birth or death)
for Garth Palmer Bybee (Name on original certificate) who born (Was born or died) on July 22nd 1912 (Date of event)
in Lorenzo Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by my Personal Knowledge (Bible record, insurance policy, etc.) prepared on — (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Bybee	Garth Palmer Bybee

Subscribed and sworn to before me this 27th
day of November, 1941.
Joseph A. Foster
Notary Public, residing at Rexburg, Idaho
My commission expires Aug. 6th 1943
[SEAL]

Signed Ray Bybee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Thornton, Route #1, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of November, 1941.
Joseph A. Foster
Notary Public, residing at Rexburg, Idaho
My commission expires Aug. 6th 1943
[SEAL]

Signed Esther Bybee
(Signature of any credible person other than the previous affiant.)
Thornton, Route #1, Idaho.
(Street Address, City, State)

Received for filing on DEC 1 1941 By
(Registrar's signature)

493/24:033-239

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ____ St. ____ Registration District No. 100 File No. 103285

Hospital ____ Primary Registration District No. 2178 Registered No. 191

FULL NAME OF CHILD Lewis Klingler Dille

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One (and)	— (To be answered only in event of plural births)	Yes	7 24 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	L. A. Dille	FULL MAIDEN NAME Rosa Klingler
RESIDENCE	Rexburg Ida	RESIDENCE Rexburg Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Rexburg Ida	BIRTHPLACE Rexburg Ida
OCCUPATION	Farmer	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Parkinson

Physician

(Physician or midwife)

Address Rexburg Ida

Filed 7/29 1922 J. D. Young

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, JUN 1 9 1922 192...

Dear Madam: AUG 7 1922

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: .....

County: Madson

File Number: 103285

Registration Dist. No. .....

Date of Birth: July 25 1922

Sex of Child: Male

Father: George Hilbert Dille (Full Name) Mother: Rosina Welhamana J (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lewis Klingler Dille

Child's Name in Full

.....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

466-225-033-555

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 [illegible]
BUREAU OF [illegible]

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. ____ St.
Hospital
Registration District No. 100
Primary Registration District No. 2178
File No. 103286
Registered No. 192

FULL NAME OF CHILD Marilyn Maxine Moore
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	—	Yes	7 20 1927

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME H. H. Moore	FULL MAIDEN NAME Mary Ellen Meeks
RESIDENCE Rexburg Ida.	RESIDENCE Rexburg Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Brigham	BIRTHPLACE Rexburg Ida.
OCCUPATION Mechanic	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 2d M. on the date above stated.
(Born alive or stillborn)

(Signature) G. T. Parkinson
Physician
(Physician or midwife)

Address Rexburg Ida

Filed 7/29 1927 J. W. Simms
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

VERAL REASONS WHY A CERTI[illegible] OF BIRTH SHOULD

[illegible] WITH THE NAME C

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Tipton

Street: 4th E. & 2nd North

County: Madison

File Number: 103286

Registration Dist. No.:

Date of Birth: 20th July 1922

Sex of Child: Female

Father: William Henry Moore (Full Name)

Mother: Mary Ellen Neeley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wayne Moore

Child's Name in Full

Wm H Moore

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

- PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison }

RECEIVED FEB 17 1964 Bureau of Vital Statistics

Certificate No. 103286

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Maxine Moore (Name on Original Certificate) who was born (Was Born or Died) on July 25, 1922 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Maxine Moore	Marilyn Maxine Moore

Subscribed and sworn to before me this 10th day of Feb. 1964

W. B. Kennedy
Notary Public, residing at Rexburg Idaho
My commission expires 2/26/66
(Seal)

Signed Mary E. Moore
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of February, 1964

W. B. Kennedy
Notary Public, residing at Rexburg Idaho
My commission expires 2/26/66
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2-3-64. one copy pd. rec. #15091.

FEB 17 1964

Statement from Hal C. Barton, Principal, Madison Senior High School Rexburg, Idaho dated Feb 10, 1964 states that Marilyn Maxine Moore attended Rexburg Schools from 1930-1940 and her date of birth is given as July 25, 1922. viewed by V.S.

Notarized copy of Madison High School Diploma gives name as Marilyn Maxine Moore. Dated May 24, 1940. viewed by V.S.

243-228'03S-299

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Madison

City of Archer Ida

No. ..... St.

Hospital .....

RECEIVED AUG 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103287

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 193

FULL NAME OF CHILD Rachel Zella Sutton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One		—	Yes	7-28-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	H. L. Sutton	FULL MAIDEN NAME	Rachel Briggs
RESIDENCE	Archer Ida	RESIDENCE	Archer Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Archer Ida	BIRTHPLACE	Archer Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 3 a.m. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Parkinson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Kenberry Ida

Filed 7/29 1922 J. V. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Archer

Place of Birth — Street: .....

Place of Birth — County: Madison

File Number: 103287

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: July 28th 1922

Father: Henry Lillis Sutton
Full Name

Mother: Rachel Briggs
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Rachel Della Sutton
Child's Name in Full

W. L. Sutton
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1522

294-101-033-555

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 1922
BUREAU OF VITAL STATISTICS

County of Madison

City of Rexburg

No. 58-W-1st S St.

CERTIFICATE OF BIRTH 103288

Registration District No. 100 File No.

Hospital

Primary Registration District No. 2178 Registered No. 194

FULL NAME OF CHILD Charles Leroy Simmons
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	7-1- 1922

What bactericidal solution was used in eyes? [illegible]

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chas LeRoy Simmons	FULL MAIDEN NAME	Geraldine Neeley
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:02 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
M.D.
(Physician or midwife)

Address Rexburg Idaho.

Filed 7/5 1922 J Ryomig
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CE
FILED FOR EACH CHILD AND THE S

and return this sheet, at your earliest convenience, to

BUREAU OF VITAL STATISTICS.

Rexburg

Place of Birth — City [redacted] Idaho.

Street

County Madison Co. ~~Jefferson~~

File Number 103288

Registration Dist. No.

Date of Birth July 1 1922

Sex of Child Male

Father Charles LeRoy Simmons (Full Name)

Mother Geraldine Neeley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charles LeRoy Simmons Jr. (Child's Name in Full)

Mrs C. L. Simmons (Signature of Father or Mother)

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

753-206.034-762

PLACE OF BIRTH

STA[redacted]
DEPARTMENT [redacted]FARE
BUREAU O[redacted]

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 103289

Primary Registration District No. 2015 Registered No. 117

FULL NAME OF CHILD Ruby Violet Peters
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June (Day) 6th (Year) 1922
Female		yes	

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Isaac Peters	FULL MAIDEN NAME	Anna Gossen
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Nebraska	BIRTHPLACE	Minnesota
OCCUPATION	R. R. Section Worker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.00 Noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho.

Filed Aug 1 1922 E. W. Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVER

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Rupert
- Street: 2 St & Waldnut
- County: Minidoka

File Number: 103289

Registration Dist. No.:

Sex of Child: Female

Date of Birth: June 6th 1922

Father: Isaac D Peters
Full Name

Mother: Emma Tosser
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ruby Violet Peters
Child's Name in Full

Isaac D Peters
Signature of Father or Mother

OVER

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-224-034-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

103290

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

File No. .....

Primary Registration District No. 2015

Registered No. 118

FULL NAME OF CHILD Helena Jean Wilkinson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth
Female	(To be answered only in event of plural births)	yes	June 24th 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Horace Edwin Wilkinson	FULL MAIDEN NAME	Eliza Matilda Jensen
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rupert, Idaho

Filed 8-2 1922 E. W. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 26 1944

693-125-034-951

PLACE OF BIRTH

STATE [redacted] DEPARTMENT OF [redacted]
BUREAU OF VITAL STA[redacted]

RECEIVED
AUG 4 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH [redacted]

County of Minidoka

City of Rupert

No. ..... St. Registration District No. 19 File No. .....

Hospital ..... Primary Registration District No. 2015 Registered No. 120

FULL NAME OF CHILD Arland Howard Aulkins

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	7-25-1922

What bacterioidal solution was used in eyes? 2% Silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Arland B. Aulkins	FULL MAIDEN NAME	Sarah Amelia Reading
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore M.D.

(Physician or midwife)

Address Rupert

Filed 7-29 1922 E. H. Elmore

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
FOR EACH CHILD AND THE
WITH THE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert

Street: .....

County: Minidoka

File Number: 103292

Registration Dist. No. .....

Date of Birth: July 25 1921

Sex of Child: Male

Father: Arland B. Williams (Full Name)

Mother: Sarah A. Reading (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Arland Howard Williams (Child's Name in Full)

Sarah Williams (Signature of Father or Mother)

OVER

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

419-106-034-219

PLACE OF BIRTH

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103293

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. .....

Registered No. 121

FULL NAME OF CHILD Frederick Maurice Marseille
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 6th 1922

What bactericidal solution was used in eyes? Argyrol 20% Sol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Frederick Maurice Marseille	FULL MAIDEN NAME Pearl Elizabeth Barnes
RESIDENCE Rupert Idaho	RESIDENCE Rupert, Idaho
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE France	COLOR White
OCCUPATION Auto-Mechanic	AGE AT LAST BIRTHDAY 19 (Years)
	BIRTHPLACE Texas
	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) Leland Frazier

Physician
(Physician or midwife)

Address Rupert, Idaho

Filed 8-2 1922 Ed Elsmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1975

249-110-03K-243

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 103294

Primary Registration District No. 3010 Registered No. 122

FULL NAME OF CHILD Eldon Jesse Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	July 10", 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Jesse Loren Smith	FULL MAIDEN NAME	Olive Butler
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Teamster	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rupert, Idaho

Filed 8-2 1922 Ett Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

completed by furnishing the name of the chi

LEASE ASSIST BY FURNISHI'G THE NAME OF YOUR CHI

AUG 7 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Rulport
Street:
County: Minnadoca

File Number: 103294

Registration Dist. No.:

Date of Birth: July 10th 1922

Sex of Child: Male

Father: Jesse Loren Smith
Full Name

Mother: Chos Butler Smith
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Eldon Jesse
Child's Name in Full

Mrs Chos B Smith
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth

619-228-034-331

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103295

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 123

FULL NAME OF CHILD Beth Fails
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	6 29 1922

What bactericidal solution was used in eyes? Ag Noz

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Herman P Fails	FULL MAIDEN NAME	Mabel Clark
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ohio	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Groom

Rupert Md.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed 8-2 1922 E H Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-118-037-395

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

103296

County of Minidoka

City of Minidoka

No. ..... St.

Registration District No. 19 File No. .....

Hospital ..... Primary Registration District No. 2015 Registered No. 124

FULL NAME OF CHILD Elmer Henry Hoffman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9 - 18 - 1922

What bacteriolidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Adolph Hoffman	FULL MAIDEN NAME Magdeline Lindauer
RESIDENCE Minidoka Idaho	RESIDENCE Minidoka Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Austria	BIRTHPLACE Russia
OCCUPATION Section Hand Laman	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Graves M D
(Physician or midwife)

Address Rupert Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 8-2 1922 A. D. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE
ALED FOR EACH CHILD AND THE SAME COMPLETE

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Minidoka

Street:

County: Minidoka

File Number: 103296

Registration Dist. No.:

Sex of Child: ~~Female~~ Male

Date of Birth: July 18 192 2

Father: Adolph Hoffmann (Full Name)

Mother: Magdalena Lindauer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elmer Henry Hoffmann (Child's Name in Full)

Adolph Hoffmann (Signature of Father or Mother)

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

419-218-034-993

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka
City of Minidoka
No. ..... St.
Hospital .....

Registration District No. 19 File No. 103297
Primary Registration District No. 2015 Registered No. 128

FULL NAME OF CHILD Verna Lucille Maier
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	7 18 1922

What bactericidal solution was used in eyes? Agr No 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Maier	FULL MAIDEN NAME	Caroline Rickert
RESIDENCE	Minidoka Idaho	RESIDENCE	Minidoka Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Russia	BIRTHPLACE	Ill
OCCUPATION	Section Hand	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Larsson
M D
(Physician or midwife)

Address Rupert Idaho

Filed 8-2 1922 E H Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SE[illegible] WITH A CER[illegible] BIRTH SHO[illegible]
[illegible]S FILED FOR EACH CHILD AND THE SAME C[illegible] WITH THE

BUREAU OF VITAL STATISTICS.

Place of Birth
City Minidoka
Street
County Minidoka

File Number ~~x96370~~ 103297

Registration Dist. No.

Sex of Child ~~Male~~ Female

Date of Birth July 18th 1922

Father John Maier
Full Name

Mother Caroline Ottelia Ri
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Verna Lucille Maier
Child's Name in Full

Caroline Maier
Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

319-203-034-415

PLACE OF BIRTH

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minedoka

City of Heyburn

No. ..... St.

Registration District No. 19

File No. 103298

Hospital .....

Primary Registration District No. 2015

Registered No. 116

FULL NAME OF CHILD Willie Elaine Card
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 3 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Chas Raymond Card	FULL MAIDEN NAME	Willie Davis
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Ark.
OCCUPATION	Farming	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Burley Ida

Filed 8-2 1922 E H Elaine
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Minidoka }

Certificate No. 103298
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Willie Elaine Card (Name on original certificate) who born (Was born or died) on June 3, 1922 (Date of event)
in Heyburn Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Family Records (Bible record, insurance policy, etc.) prepared on June 1947 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
date to be corrected	July 3, 1922	June 3, 1922

Subscribed and sworn to before me this 7th day of May 1947

Notary Public, residing at Albion, Idaho
My commission expires Jan. 10, 1949
[SEAL]

Signed Charles R. Card
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Albion Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Cassia }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of May 1947

Notary Public, residing at Albion, Idaho
My commission expires Jan. 10, 1949
[SEAL]

Signed Willie E. Card
(Signature of any credible person other than the previous affiant)

Albion, Idaho
(Street Address, City, State)

Received for filing on MAY 7 1947 by
(Registrar's signature)

MAY 3 1967

MAY 1 1 1942

335-201-034-215

PLACE OF BIRTH

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka
City of Rupert
No. ..... St.
Hospital .....

Registration District No. 19
Primary Registration District No. 2015

File No. 103299
Registered No. 126

FULL NAME OF CHILD LYDIA VIRGINIA LLEWELLYN
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	8 1 1922

What bactericidal solution was used in eyes? 2% Silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Albert S. Llewellyn	FULL MAIDEN NAME	Iva Sanford
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore
M.D.
(Physician or midwife)

Address Rupert, Ida

Filed 8-2 1922 Ett Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Carbon } ss.

Certificate No. 103299

Date Filed

The undersigned does solemly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born ~~or Died~~) on 1st day of Aug 1927 (Date of Event)
in Hayden, Colo (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record Book (Bible Record, Insurance Policy, Etc.) prepared on Aug 1, 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "~~Cause of Death~~", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lydia Virginia Llewellyn

Subscribed and sworn to before me this 1st day of July, 1942.

Notary Public, residing at Helper, Utah

My commission expires Notary Public, Residing at Helper, Utah
(Seal) My Commission Expires Oct. 24, 1942

Signed Sanford A Llewellyn (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

58 Racey Ave Helper Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Carbon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of July, 1942.

Notary Public, residing at

My commission expires
(Seal) Notary Public, Residing at Helper, Utah
My Commission Expires Oct. 24, 1942

Signed Iva Llewellyn (Mother)
(Signature of Any Credible Person Other Than Previous Year)

58 Racey Ave Helper Utah
(Street Address, City, State)

JUL 2 1942

655-231-034-866

PLACE OF BIRTH

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19

File No. 103300

Hospital .....

Primary Registration District No. 10.15

Registered No. 127

FULL NAME OF CHILD Ruth Fennell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	8 31 1922

What bactericidal solution was used in eyes? Agno.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Emmett W. Fennell	FULL MAIDEN NAME	Minnie Hoopes
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebr.	BIRTHPLACE	Idaho
OCCUPATION	Mining	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom
M.D.
(Physician or midwife)

Address Rupert Idaho

Filed 8-1 1922 Ett Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 4 1975

FEB 2 5 1942

[redacted] PLACE OF BIRTH 286-101-034-257

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

STATE OF [illegible]
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103301

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. 2015 Registered No. 128

FULL NAME OF CHILD Darwin Bert Short
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8 1 1922

What bactericidal solution was used in eyes? Agr No. 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Burt Short	FULL MAIDEN NAME	Dora Read
RESIDENCE	Rupert	RESIDENCE	Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Barn alive, at 12 3 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom
M.D.
(Physician or midwife)

Address Rupert Idaho

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed 8-1 1922 E H Elmore Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert.

Street: .....

County: Minidoka

File Number 103301

Registration Dist. No. .....

Sex of Child: Male

Date of Birth August 1 1922

Father: Bert Short. (Full Name)

Mother: Dora Elizabeth Read (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Darwin Bert Short.

Child's Name in Full

Mrs Bert Short.

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

6 [redacted] -495

[redacted]RTH

RECEIVED
JUL 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103302

Coun[redacted]

City of Lewiston

No. ~~1515 10th Ave~~ St.

Registration District No. 96

File No.

Hospital St. Josephs

Primary Registration District No. 119

Registered No.

FULL NAME OF CHILD Thomas Anthony O'Connell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	June 4 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thomas O'Connell	FULL MAIDEN NAME	Bridget Minbock
RESIDENCE	1515-10th Ave - Lewiston	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minnesota
OCCUPATION	Lineman Teleph Co.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 A M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Braddock
(Physician ~~or midwife~~)

Address Lewiston, Ida.

Filed July 1922

Registrar.

Give names added from a supplemental report.

June 6, 1922

Braddock F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUL 14 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 1504 - Main St.

Hospital White

Registration District No. 96

Primary Registration District No. 1509

File No. 103303

Registered No.

FULL NAME OF CHILD Waldo Vernett Randall

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June 4 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Vernett Randall	FULL MAIDEN NAME	Carrie MacBeth Gehrke
RESIDENCE	1403 - Idaho Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Printer	OCCUPATION	House - Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White

(Physician [redacted])

Given names added from a supplemental report.

June 6 1922

Address Lewiston, Ida.

F. T. Harris, M.D.
Registrar

Filed July 1922

Registrar

APR 1 1963

862-108-035-295

PLACE OF BIRTH

RECEIVED JUL 14 1922 OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103304

County of Nezperce

City of Lewiston

No. 627-10th St.

Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. 1209 Registered No. .....

FULL NAME OF CHILD Mark Hokenson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	June 8 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Charles Hokenson	FULL MAIDEN NAME	Juliaetta Brearly
RESIDENCE	627-10th St Lewiston	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Minnesotta	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 a.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Alley
(Physician or midwife)

Give names added from a supplemental report.

June 6, 1922

Address Lewiston Ida

Alley F. T. Harris, M.D.
Registrar.

Filed July 6, 1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/25/41 L. B.

363-109-035 #645

PLACE OF BIRTH

RECEIVED
JUL 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103305

County of Nezperce

City of ~~Lapwai~~ Spaulding

No. ..... St.

Registration District No. 16 File No. .....

Hospital ..... Primary Registration District No. 509 Registered No. .....

FULL NAME OF CHILD Stanley Alfred Collier
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	6 / 9 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alfred H. Collier	FULL MAIDEN NAME	Cora B. Funkhouser
RESIDENCE	Spaulding, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebraska	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or ~~stillborn~~), at 10:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. G. Braddock
(Physician or ~~midwife~~)

Address Lewiston, Ida

Filed July 1922

Registrar.

Give names added from a supplemental report.

June 6, 1922

F. T. Harris, M.D.
Registrar.

Braddock

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-110-035-962

PLACE OF BIRTH

County of Nezperces

City of Lewiston

No. ..... St.

Hospital St Joseph

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103306

Registration District No. 96 File No. .....

Primary Registration District No. 1089 Registered No. .....

FULL NAME OF CHILD Joseph Howard Fields

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	June 10 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Glen A Fields	FULL MAIDEN NAME Beulah Roberts
RESIDENCE Clarkston Wn	RESIDENCE Same
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Washington
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 a.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W Johnson

(Physician or midwife)

Address Lewiston, Ida

Give names added from a supplemental report.

June 6, 1922

F. T. Harris, M.D.
Registrar.

Filed July 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASONS WHY A CERTIF

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lewiston Ida

Street: 6th & 7th

County: Nez Perce

File Number: 103306

Registration Dist. No.:

Date of Birth: June 14 1922

Sex of Child: Male

Father: Glen A. Fields (Full Name)

Mother: Beulah Roberts (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Joseph Normand Fields
Child's Name in Full

Beulah A. Fields
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-112035-193

PLACE OF BIRTH

RECEIV
JUL 14
BUREAU OF
STATI

Form V. S. No. 11-C—25m-9-8-15

103307

County of Nez Perce

City of Lewiston

No. 150 4- Main St.

Registration District

Primary Registration District No. 10 8 9 Registered No.

Hospital White

FULL NAME OF CHILD Theodore Ernest Harper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 12 1922

	FATHER	MOTHER
FULL NAME	Melvern Fredrick Harper	FULL MAIDEN NAME Marion Arthur
RESIDENCE	Lewiston, Idaho	RESIDENCE Lewiston Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE Oregon
OCCUPATION	Farmer	OCCUPATION House - Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~stillborn~~) at 11 A.M. on the date above stated.

(Signature) F. T. Harris

Lewiston Ida.

(Physician or ~~Midwife~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

June 6. 1922

F.T.Harris, M.D.
Registrar

Address

Filed July 1922

Registrar

S-Y-CO 38071

NOV 28 19

717-22-035-241

PLACE OF BIRTH

RECEIVED
JUL 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Nezperces

City of Lewiston

No. 421-7th Ave St. Registration District No. 96 File No. 103308

Hospital ——— Primary Registration District No. 1019 Registered No. ———

FULL NAME OF CHILD Marion Goge
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 12 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Roy A Goge	FULL MAIDEN NAME	Fern Small
RESIDENCE	421-7th Ave	RESIDENCE	Some
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Idaho
OCCUPATION	Hardware merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:22 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W Johnson
(Physician or midwife)

Address Lewiston, Ida.

Give names added from a supplemental report.

June 6, 1922

F. T. Harris, M.D.
Registrar.

Filed July 1922
Registrar.

JUN 8 1944

035-115-035-498

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 14 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 103309

County of Nez Perce
City of Lewiston
No. ____ St.
Hospital St Joseph
Registration District No. ____
Primary Registration District No. 1003
Registered No. ____

FULL NAME OF CHILD Leigh Dryden Steele
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	6-15-1922

What bactericidal solution was used in eyes? Silver nitrat 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	William Leigh Steele	Martha Isabell Dryden
RESIDENCE	Peck-Idaho	Peck-Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	37
BIRTHPLACE	Mo	S. Dak
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.M. Tyler
Physician
(Physician or Midwife)
Address Lewiston Ida

Give names added from a supplemental report.

June 16, 1922
F.T. Harris, M.D.
Registrar.

Filed July 1922
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1942

JUN 9 1943

613-216-035-281

PLACE OF BIRTH

RECEIVED
JUL 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103310

County of Nez Perce

City of Rammany

No. ____ St.

Hospital No

Registration District No. 16

Primary Registration District No. 1021

File No. ____

Registered No. ____

FULL NAME OF CHILD Essie Lurea Watson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	June 16 1922

What bactericidal solution was used in eyes? 1% Ag NO3 sol.

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME O. H. Watson	FULL MAIDEN NAME Ethel Shannon
RESIDENCE Rammany.	RESIDENCE Rammany
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Joseph. Oregon.	BIRTHPLACE Texas.
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 4 A. M., on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

June 6, 1922

F. T. Harris, M.D.
Registrar.

(Signature) L. J. Perkins

(Physician ~~or midwife~~)

Address Lewiston Idaho

Filed July 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-116-035-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 14 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103311

County of Nepersee

City of Lewiston

No. 1513-7th Ave St.

Registration District No. 96 File No.

Hospital

Primary Registration District No. 1009 Registered No.

FULL NAME OF CHILD Owen Willard Luther
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	June 16 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Vern Luther	FULL MAIDEN NAME	Barbara Nelson
RESIDENCE	1513-7th Ave. Lewiston	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Illinois	BIRTHPLACE	Washington
OCCUPATION	Fireman - R.R.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Braddock
(Physician or ~~midwife~~)

Address Lewiston, Ida

Filed July 1922

Registrar.

Give names added from a supplemental report.

June 16, 1922

Braddock F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued 3-5-41. E.W.

867-218035-446

PLACE OF BIRTH

RECEIVED JUL 14 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103312

County of Nez Perce

City of Lewiston No. ____ St.

Registration District No. 16 File No. ____

Hospital St. Joseph's Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Dorothy Ruth Hopkins.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	6-18-1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	O. L. Hopkins	FULL MAIDEN NAME	Lucille Duffus
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Student	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive ~~or stillborn~~ at 10 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Hopkins
Lewiston Idaho
(Physician or ~~midwife~~)

Give names added from a supplemental report.

June 6, 1922

Address Lewiston, Idaho.

F. T. Harris, M.D.
Registrar.

Filed 7-14-1922
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1942

MAR 19 1956

437-119-035-614

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 14 1922 BUREAU OF VITAL STATISTICS

County of Nez Perce

City of Lewiston

No. 2416 - E - Main St. Registration District No. 96 File No. 103314

Hospital Primary Registration District No. 10 09 Registered No.

FULL NAME OF CHILD Ursel Lee McPherson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	6-19-1922

What bactericidal solution was used in eyes? Silver Nitrat 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Marshal Lee McPherson	FULL MAIDEN NAME	Eunice Fanning
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ark	BIRTHPLACE	Wash
OCCUPATION	Day Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tyle
Physician
(Physician or midwife)

Address Lewiston Ida

Give names added from a supplemental report.

June 6, 1922

F. T. Harris, M.D.
Registrar.

Filed July 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-222-035-955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 14 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. R. 11 St.

Registration District No. 96 File No. 103315

Hospital

Primary Registration District No. 1009 Registered No.

FULL NAME OF CHILD Betty Lou Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	6-22-1922

What bactericidal solution was used in eyes? Silver nitrat 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Albert Johnson	FULL MAIDEN NAME	Elizabeth Remo
RESIDENCE	Gifford Ida	RESIDENCE	Gifford Ida
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 1/2 M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle

(Physician ~~or midwife~~)

Give names added from a supplemental report.

June 6, 1922

Address Lewiston

F. T. Harris, M.D.
Registrar.

Filed July 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1951

163-123-035-739

PLACE OF BIRTH

RECEIVED JUL 14 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103316

County of Nez Perce
City of Lewiston
No. 1504 Main St.
Registration District No. 96
File No.
Hospital White
Primary Registration District No. 1009
Registered No.

FULL NAME OF CHILD Vernon Walter Jackson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 23 1922

What bactericidal solution was used in eyes? argyrol 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Henry Lynn Jackson	Margaret Glidden
RESIDENCE	Lewiston Orchards Ida	Lewiston Ore. Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	33 (Years)	22 (Years)
BIRTHPLACE	Goldendale Wash	Elk River Minn
OCCUPATION	Fruit Farmer	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.30 a.m. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W O Clark
(Physician or midwife)
Address

Give names added from a supplemental report.

June 6, 1922
F. T. Harris, M.D.
Registrar.

Filed July 1922
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, separate RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1942

168-123-035-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 14 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nazperse

City of Lewiston

No. ..... St.

Registration District No. 96 File No. 103317

Hospital St Joseph Primary Registration District No. 1009 Registered No. .....

FULL NAME OF CHILD Richard Giesen Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	6-23-1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	A R Johnson	FULL MAIDEN NAME	Marguerite A. Giesen
RESIDENCE	830 - 3rd St - Lewiston	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	California	BIRTHPLACE	Louisiana
OCCUPATION	Sep - State Game Warden	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N Alley
(Physician or midwife)

Address Lewiston Ida

Give names added from a supplemental report.

June 6, 1922

a alley F.T.Harris, M.D.
Registrar.

Filed July 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1942

APR 26 1957

OCT 10 1968

OCT 17 1968

913-227-035-913

PLACE OF BIRTH

RECEIVED JUL 14 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

Registration District No. 16

File No. 103318

No. ..... St.

Primary Registration District No. 1009

Registered No. .....

Hospital St. D. h

FULL NAME OF CHILD Claudia Ralls

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	6-27-22

FATHER		MOTHER	
FULL NAME	Claude A Ralls.	FULL MAIDEN NAME	Emma Ralls.
RESIDENCE	Lewiston, Ida.	RESIDENCE	Lewiston, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Calif.	BIRTHPLACE	Mo.
OCCUPATION	Mining	OCCUPATION	House wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:35 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan M.D.

(Physician or midwife)

Address Lewiston

Given names added from a supplemental report.

June 6, 1922

F. T. Harris, M.D.
Registrar

Filed July 1922

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 3 1942

493/28-035-255 (Be sure the information is complete and accurate)

Amended 4-14-66

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 103319
Local Reg. No.
Reg. Dist. No. 96

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Nez Perce
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Donald b. (Middle): Levaughn c. (Last): Dickinson

4. SEX: M.
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): 6 - 28 - 1922

FATHER OF CHILD

7. FULL NAME
a. (First): C. b. (Middle): L. c. (Last): Dickinson

8. AGE (At time of this birth): 25 YEARS
9. BIRTHPLACE (State of foreign country) (City or Town): Idaho
10. USUAL OCCUPATION: Bank Clerk
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary b. (Middle): G. c. (Last): Bennett

13. AGE (At time of this birth): 18 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Kentucky
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. F. McMahan
19. ADDRESS: Lewiston, Idaho
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 26, 1922
22. REGISTRAR'S SIGNATURE: F.T. Harris, M.D.
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
VISION OF VITAL STATISTICS, BOISE, IDAHO.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 7 1966
Bureau of Vital Statistics

State of Idaho } ss.
County of Nez Perce

Certificate No. ~~[illegible]~~ 103319
Date Filed July 6, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Donald LaVan Dickinson (Name on Original Certificate) who was born (Was Born or Died) on June 28, 1922 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Navy record, Death Cert. of William David Dickinson, by my affidavit. (Bible Record, Insurance Policy, Etc.) prepared on January 26, 1966 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Middle name	LaVan	Levaughn

Subscribed and sworn to before me this ..... day of MAR 4 1966, 19 Beth Durham

~~Notary Public, residing at~~
~~My commission expires~~
~~(Seal)~~

CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER NEZ PERCE COUNTY, IDAHO

Signed C. L. Dickinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1316 - 12th Ave Lewiston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of MAR 4 1966, 19 Beth Durham

~~Notary Public, residing at~~
~~My commission expires~~
(Seal)

CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER NEZ PERCE COUNTY, IDAHO

Signed Naoma Gene Mrs. D. L. Dickinson
(Signature of Any Credible Person)

1906 - 16th Ave. Lewiston, Idaho
(Street Address, City, State)

FORM DPH - 51117

Dea- Certificate of Stillbirth, State of Idaho, #60-639 gives full name of father as Donald Levaughn Dickinson - viewed by V.S.

Honorable Discharge from U.S. Navy, dated Jan. 21, 1946 gives full name as Donald Levaughn Dickinson, born June 28, 1922 at Lewiston, Idaho- date of entry into active service-Oct. 14, 1942 - viewed by V.S.

238-229-035-395

PLACE OF BIRTH

RECEIVED
JUL 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103320

County of Nez Perce
City of Lewiston
No. 729-16th St.
Registration District No. 96
File No.
Hospital
Primary Registration District No. 1909
Registered No.

FULL NAME OF CHILD Beatrice June Schulze
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 29 1922

What bactericidal solution was used in eyes? 1% Argyrol sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edwin Schulze	FULL MAIDEN NAME	Esther Lund
RESIDENCE	1812 - Cameron Ave.	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	BIRTHPLACE	Canby Oregon.
OCCUPATION	Shingling & Lathing	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins
(Physician ~~or Midwife~~)

Address Lewiston Idaho

Give names added from a supplemental report.

June 6, 1922

F. T. Harris, M.D.
Registrar.

Filed July 7 1922
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1976

DEC 31 1974

4/19-231-035-314

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103321

County of Nez Perce

City of Melrose

Registration District No. 92 File No. 10

No. ____ St.

Primary Registration District No. 2170 Registered No. 3

Hospital ____

FULL NAME OF CHILD Elsie Ruth Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	7 31 1922

FATHER		MOTHER	
FULL NAME	Lewis Martin	FULL MAIDEN NAME	Minnie LaMont
RESIDENCE	Melrose	RESIDENCE	Melrose
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	W is	BIRTHPLACE	Mont
OCCUPATION	farm labor	OCCUPATION	wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

____ 19____

Registrar

Address ____

Filed 7-31 1922

E. E. Watts
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
AUG 19 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Melrose

Street: .....

County: Bingham

File Number: 103321

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: July 31st 1922.

Father: Louis Martin (Full Name)

Mother: Minnie Ethel Lamont (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elsie Ruth Martin

Child's Name in Full

Minnie Martin

Signature of Father or Mother

JUN 2 1971

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

695-106-035-993

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103322

County of Nez Perce

City of Culdesac R.D.

Registration District No. 92 File No. 10

No. ..... St.

Primary Registration District No. 2170 Registered No. 2

Hospital .....

FULL NAME OF CHILD Burton L. French

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	\		\	yes	7 (Month) 6 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred H. French	FULL MAIDEN NAME	Anna Rich
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ark	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Hewfe

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

K

Registrar

Address .....

Filed 7-4 1922

E. E. Watts

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Aug. 7, 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Winchester

Street: .....

County: Nez Perce

File Number: 103322

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 6, 1922

Father: Alfred French (Full Name)

Mother: Anna French (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Burton French
Child's Name in Full

Anna French
Signature of Father or Mother

JAN 20 1942

SEP 16 1953

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

856-22-7035-41 9

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103323

County of Nez Perce

City of Reubens

Registration District No. 92 File No. 10

No. ..... St.

Primary Registration District No. 2170 Registered No. 1

Hospital .....

FULL NAME OF CHILD Virginia Elizabeth Hewett

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	6 27 1922

FATHER		MOTHER	
FULL NAME	George Isaac Hewett	FULL MAIDEN NAME	Lena Markham
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Oregon
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

Registrar

Filed 6 - 27 1922

E. E. Watts
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1 1942

713-128-036-71[redacted] name added 6-18-84 dl

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRT[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

County of Oneida

City of Holbrook

Registration District No. 26 File No. 103324

No. ..... St.

Primary Registration District No. 2069 Registered No. 110

Hospital .....

FULL NAME OF CHILD Darrel Page Palmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Palmer	FULL MAIDEN NAME	Phyllis Louisa Page
RESIDENCE	Holbrook Ida	RESIDENCE	Holbrook Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Brigham Utah	BIRTHPLACE	Lewiston Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cleo Wardleigh MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed Aug 1 1922

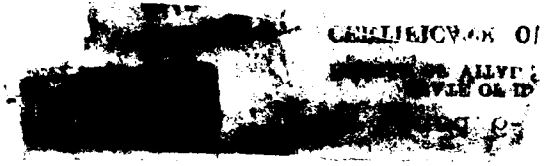
R F Mauer M.D. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



5-4-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 103324
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Palmer (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 28, 1922 (Date of Event)

in Holbrook (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Darrel Page Palmer

Subscribed and sworn to before me this 4th day of June, 19 84

Notary Public, Barbara Laplace

Residing at Fortuna, California

My commission expires Jan 21, 1986

(Seal) Barbara Laplace

OFFICIAL SEAL
BARBARA LAPLACE
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
HUMBOLDT COUNTY
My Commission Expires January 21, 1986

x Darrel P Palmer
Signature of Applicant

x 506 P ST FORTUNA CAL. 95540
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Idaho } ss.
County of Bingham }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 19 84.

Notary Public, Sharon M. Yelm

Residing at Pingree

My commission expires March 30, 1988

(Seal)

Ruth P Berg
Supporting Signature

112 Center Firth, Idaho
Street Address, City, State

ICC credit

Certificate of Baptism from LDS Church gives Darrel Page Palmer son of Wm Palmer and Phyllis Page born June 28, 1922 at Holbrook was baptised Aug 3, 1930. Viewed by V.S.

JUN 1 6 1984

Notice of Separation from U.S. Navy lists Darrel Page Palmer born 6-28-22 was discharged 11-22-45. Viewed by V.S.

155-205-036-469

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

AUG 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103325

County of Owyhee

City of Hollbrook

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 111

Hospital

FULL NAME OF CHILD Doris May Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 5 1922

	FATHER	MOTHER
FULL NAME	Henry Andres Jensen	Elvira Mortensen
RESIDENCE	Hollbrook Idaho	Hollbrook Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	37
BIRTHPLACE	Denmark	Bear River City Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (born alive or stillborn), at 9.35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C. E. Wardleigh M.D.

Physician

(Physician or midwife)

Address Snowville Utah

Filed Aug 1 1922

R. M. Maver M.D.

Registrar

RECEIVED
AUG 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Holbrook
- Street: .....
- County: Oneida

File Number: 103325

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: July 4th 1922

Father: Henry Andreas Jensen
Full Name

Mother: Elvira L. Mortensen
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Doris May Jensen
Child's Name in Full

Henry Jensen
Signature of Father or Mother

AUG 1 6 1968

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

266-207-036-713

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Holbrook

No. ..... St.

Hospital .....

Registration District No. 26 File No. 103326-A

Primary Registration District No. 2069 Registered No. 113

FULL NAME OF CHILD .....

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James M. Bowen	FULL MAIDEN NAME	Belva Gallup
RESIDENCE	Holbrook Idaho	RESIDENCE	Holbrook Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Spanish fork Utah	BIRTHPLACE	Mapletown Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Wardleigh M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed Aug 1 1922 R. H. Maver Mgr

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

743-206-036-962 name added 9-20-84 dl

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

Registration District No. 26 File No. 103326-B

Primary Registration District No. 2069 Registered No. 112

FULL NAME OF CHILD Lucille Pack

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July (Month) 6 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William Chesterfield Pack	FULL MAIDEN NAME	Eldon Robbins
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Deseret Utah	BIRTHPLACE	Stone Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Wardleigh MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed Aug 1 1922

Registrar

R J Moser M.R. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-29-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 103326-B
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Pack (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 6, 1922 (Date of Event)
in Stone (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Lucille Pack

Subscribed and sworn to before me this 6th day of September, 1984.
Notary Public, Barbara Eckersley
Residing at Ogden Utah
My commission expires June 19, 1988
(Seal)

x Lucille Pack Jennings
Signature of Applicant
x 3860 Evelyn Rd Ogden Utah 84403
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of September, 1984.
Notary Public, Barbara Eckersley
Residing at Ogden Utah
My commission expires June 19, 1988
(Seal)

Eudelia Park Combs
Supporting Signature
4075 Madison Ave. Ogden, Utah 84403
Street Address, City, State

1 cc pd

Insurance policy dated Feb 13, 1975 lists insured as Lucille P Heninger.
Viewed by V.S.

Marriage Certificate from State of Utah lists Donald Heninger and Lucille Pack were married Sept 19, 1947 in Cache County.
Viewed by V.S.

165-207-036-993

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103327

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. .....

Registered No. 114

FULL NAME OF CHILD Merle James

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	July 7 22

	FATHER	MOTHER
FULL NAME	John T. Jones	FULL MAIDEN NAME Amanda Richards
RESIDENCE	Daniels Ida.	RESIDENCE Daniels Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	38	35
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 3/4 a M. on the date above stated.

(Signature) R. T. Mauer M.D.

M.D

(Physician or midwife)

Address Malad

Filed Aug 1 1922

R T Mauer M.D
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG 7 1922 192 2

Dear Madam: I A.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Daniels Ida.

Street:

County: Oneida

File Number: 103327

Registration Dist. No.: 10

Sex of Child: Female

Date of Birth: July 7 192 2.

Father: John J. Jones (Full Name)

Mother: Ormenta Richards (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Merle Jones

Child's Name in Full

Ormenta Jones.

Signature of Father or Mother

MAY 8 1967

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Amended 7-12-71

993—PLACE OF BIRTH 210-036-613

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

103328

County of Oneida

City of Samaria

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 45

Hospital

FULL NAME OF CHILD VIOLET Richards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	July (Month) 10 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ed. Richards	FULL MAIDEN NAME	Mary Ann Waldron
RESIDENCE	Samaria	RESIDENCE	Samaria
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Maier
M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Malad

Registrar

Filed Aug 1 1922 R T Maier M. D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-12-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUL 12 1971 Bureau of Vital

State of .....
County of ..... } ss.

Certificate No. 103328

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Vilet Richards (Name on Original Certificate) who was born (Was Born or Died) on July 10, 1922 (Date of Event)
in Samaria (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs firstname	Vilet	Violet

Subscribed and sworn to before me this ..... day of
....., 19....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of
July, 19 71

Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

JUL 1 2 1971

Social-Secruti
Social Security Card, # 518 20 2424 gives name as Violet Ricahrds Richards
6281 1st Street, Woodland, Calif. Card issued 1940
Viewed by V.S.

Certificate of Blessing certifies that Violet Richards daughter of Edward and Mary Waldron Richadds was born July 10, 1922at Samaria. Blessed August 6, 1922 by Lewis Bowen of the L.D.S.Church. Owen Davis Bishop David Atkinso Clerk.
Viewed by V.S.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED AUG 21 BUREAU OF STATIS

.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ...Samaria...

Street .....

County ...Oneida...

File Number ...103328...

Registration Dist. No. ...3...

Sex of Child.....Female...Girl.....

Date of Birth ...July 10.....192.2.

Father Edward Richards (Full Name)

Mother ...Mary Ann Nelson... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

[redacted] Violet Richards (Child's Name in Full)

Edward Richards (Signature of Father or Mother)

OCT 23 1968

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-N4-036-997

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 24

File No. 103329

No. ____ St.

Primary Registration District No. 2049

Registered No. 116

Hospital ____

FULL NAME OF CHILD Gene Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	July	14	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Morgan L. Williams	May Ripley
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Malad	Malad
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) J. F. Acton

Physician

(Physician or midwife)

Address Malad

Filed Aug 1 19 22

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 103329
County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT) in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Williams	Gene Williams

Subscribed and sworn to before me this Tenth day of January 1942

Dea Board
Notary Public, residing at Boise, Idaho
My commission expires July 17, 1943
(SEAL)

Signed Morgan L. Williams
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Caldwell Idaho Rt 1
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Tenth day of January 1942

Dea Board
Notary Public, residing at Boise, Idaho
My commission expires July 17, 1943
(SEAL)

Signed Mary Ripley Williams
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Rt 1 Caldwell, Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 25 1959

JAN [illegible] 1992

693-118-036-599

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103330

County of Oneida

City of Malad

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 117

Hospital

FULL NAME OF CHILD Carl David Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 18 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Caradoc D Williams	FULL MAIDEN NAME	Florence L Erickson
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Malad	BIRTHPLACE	Colorado
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Malad

Registrar

Filed Aug 1 1922

R T Maner M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
AUG 1922
BUREAU

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street: S. Main St.

County: Oneida

File Number: 103330

Registration Dist. No.: No. 1

Sex of Child: Male

Date of Birth: July 18th 192 2

Father: Carador David Williams (Full Name)

Mother: Florence Laurene Erickson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Carl David Williams

Child's Name in Full

C. D. Williams

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-122 036-693

Form V. S. No. 11-C--25m-7-21-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103331

RECEIVED
AUG 4 1922
BUREAU OF VITAL STATISTICS

County of Oneida Registration District No. 26 File No.

City of Malad

No. St. Primary Registration District No. 2069 Registered No. 118

Hospital

FULL NAME OF CHILD Shirley W John

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 22 1922

FATHER		MOTHER	
FULL NAME	Jim C Johns	FULL MAIDEN NAME	Sarah May Williams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:15 A. M. the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Elton

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

19

Registrar

Filed Aug 1 1922

R V Mauer M.D

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG. 7 [illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED 27 1922 BUREAU OF VITAL STATISTICS

Place of Birth:
City: Malad Idaho
Street: .....
County: Oneida

File Number: 103331

Registration Dist. No.: 3

Sex of Child: Male

Date of Birth: July 22 1922

Father: William E. John
Full Name

Mother: Sarah May John
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Shirley W. John
Child's Name in Full

Mrs Sarah May John
Signature of Father or Mother

MAY 6 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

292-108.038-365

PLACE OF BIRTH

[redacted]TE OF IDAHO
[redacted] OF PUBLIC WELFARE
[redacted]F VITAL STATISTICS
[redacted]CATE OF BIRTH

County of Payette

City of New Plymouth

No. ..... St. Registration District No. 5 File No. 103332

Hospital ..... Primary Registration District No. 2009 Registered No. 19

FULL NAME OF CHILD Harold Olden Bishop
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	July 8 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lewis J. Bishop	FULL MAIDEN NAME	Myrle Conkle
RESIDENCE	New Plymouth RFD 2	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Neb.	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4.20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Drake M. D.
(Physician or midwife)

Address New Plymouth Ida

Filed 7/8 1922 Wm T. Drysdale
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 0 1942

[redacted]

719-14-038-719

PLACE OF BIRTH

RECEIVED AUG 5 1927 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103333

County of Payette

City of New Plymouth

No. ..... St.

Registration District No. 5 File No. .....

Hospital .....

Primary Registration District No. 1009 Registered No. 20

FULL NAME OF CHILD Harold Clifton Gardner

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	July 14 1927

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm Jennings Gardner	FULL MAIDEN NAME	Connie Lucille Gardner
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Colo -	BIRTHPLACE	La -
OCCUPATION	R.R. Section hand.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P.M. Drake M.D.

(Physician or midwife)

Address New Plymouth Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/15 1927 Wm J. Drysdale
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1975

NOV 23 1962

799.209.038-239

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Payette

City of near Fruitland

Registration District No. ..... File No. 103334

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ELLA BERTHA Gruschkowsky

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	July 9 — 1922

FATHER	MOTHER
FULL NAME Louis Gruschkowsky	FULL MAIDEN NAME Lydia Poland
RESIDENCE near Fruitland	RESIDENCE same
COLOR w	COLOR w
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Russia	BIRTHPLACE Russia
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:45 a M.
(Born alive or stillborn)
on the date above stated.

(Signature) C. C. Paxton M.D.

(Physician or midwife)

Address .....

Filed July 9 — 1922 C. C. Paxton
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Payette }

Certificate No. 103334

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Lois Ellen Grischkowsky (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 9 1922 (DATE OF EVENT)
in Fruitland, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Lois Ellen Grischkowsky	Ella Bertha Grischkowsky

Subscribed and sworn to before me this 19th
day of January, 1942
Helen F. Brown
Notary Public, residing at Payette, Idaho
My commission expires Sept 10, 1945
(SEAL)

Signed Lois Grischkowsky
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Payette, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

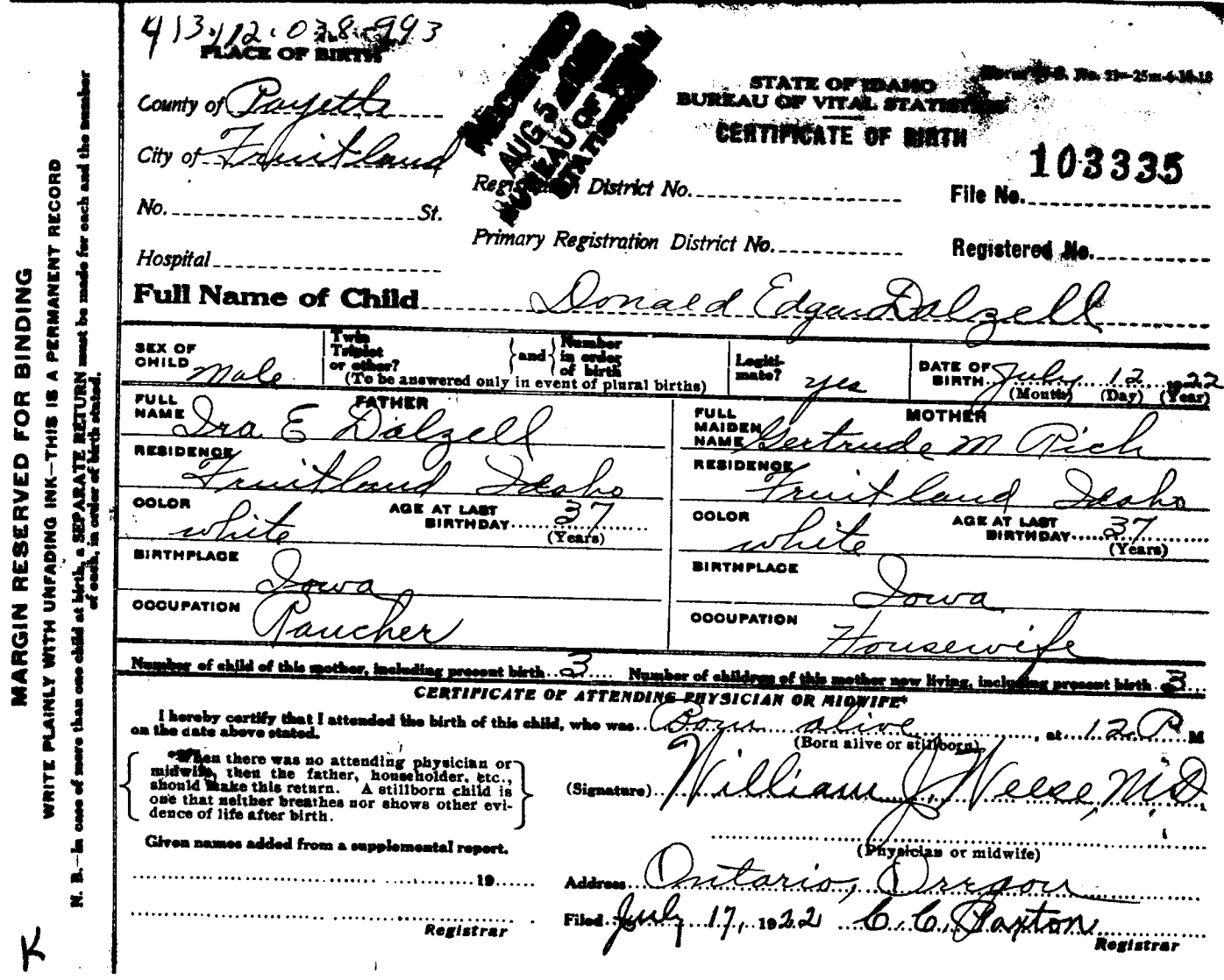
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of January, 1942
Helen F. Brown
Notary Public, residing at Payette, Idaho
My commission expires Sept 10, 1945
(SEAL)

Signed E. L. Brown
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Payette, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 20 By
(REGISTRAR'S SIGNATURE)

JAN 24 1942



413-12-038-993

PLACE OF BIRTH

County of Payette

City of Fruitland

No. _____ St.

Hospital _____

RECEIVED AUG 5 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V.S. No. 21—25m-6-16-15

CERTIFICATE OF BIRTH

103335

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

Full Name of Child Donald Edgar Dalzell

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	July 12 1922

FATHER

FULL NAME: Ira E Dalzell

RESIDENCE: Fruitland Idaho

COLOR: white AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Gertrude M Rich

RESIDENCE: Fruitland Idaho

COLOR: white AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J Reese MD

(Physician or midwife)

Address Ontario Oregon

Given names added from a supplemental report.

_____ 19____ Registrar

Filed July 17, 1922 C. C. Paxton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

2 1 1942

RAL REASONS WHY A CERTIFICATE OF BI
H CHILD AND [illegible] COMPLETED

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Fruitland

Street: .....

County: Payette

File Number: 103335

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 12 1923

Father: Ira Edgar Dalzell (Full Name)

Mother: Gertrude Muril Rich (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Donald Edgar Dalzell
Child's Name in Full

Ira E. Dalzell
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

958-118-038-819

PLACE OF BIRTH

County of Payette

City of Fruitland

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 103336

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jimmie Leverne Zehner
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	X	Yes.	June 18 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Chas. Oliver Zehner	FULL MAIDEN NAME Rova Hart
RESIDENCE Fruitland, Ida.	RESIDENCE Fruitland, Ida.
COLOR white AGE AT LAST BIRTHDAY 34 (Years)	COLOR white AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Oregon.
OCCUPATION Farmer	OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) Dr. Drake M. D.
(Physician or midwife)

Address New Plymouth, Ida.

Filed July 3 1922, C. C. Paxton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

103336

State of Oregon } ss.
County of Deschutes }

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Clarence Leverne Zehner (Name on original certificate) who was born (Was born or died) on June 18, 1922 (Date of event)
in Fruitland, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Certificate # 103336 (Bible record, insurance policy, etc.) prepared on Nov. 18, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Zehner	Jimmie Leverne Zehner
Clarence Leverne Zehner		

Subscribed and sworn to before me this 4
day of December, 1941
Leon G. Barrow
Notary Public, residing at Bend, Ore.
My commission expires
[SEAL]

Signed Mrs. E. S. Harris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Deschutes }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4
day of December, 1941
Leon G. Barrow
Notary Public, residing at Bend, Oregon
My commission expires
[SEAL]

Signed Mrs. Harriet Hart
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 17 1941

993216-038-156

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 3 1922 BUREAU OF VITAL STATISTICS IDAHO

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette Registration District No. 4 File No. 103337

No. ..... St.

Primary Registration District No. 1008 Registered No. 58.

Hospital .....

FULL NAME OF CHILD Martha Lois Riley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	July 16, 1922.

FATHER	MOTHER
FULL NAME: James Finley Riley	FULL MAIDEN NAME: Florence Irene Jewell
RESIDENCE: Payette, Idaho	RESIDENCE: Payette, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5.45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.C. Woodward M.D.

Physician.
(Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed July 16 1922

J.C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED AUG 28 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, Aug 26 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street:

County:

File Number: 103337

Registration Dist. No.:

Sex of Child: Female

Date of Birth: July 16 192.2.

Father: James Findley Riley (Full Name)

Mother: Florence Irene Jewell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Martha ~~Lavina~~ Lois Riley (Child's Name in Full)

Mrs. James F. Riley (Signature of Father or Mother)

MAY 20 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

695-17-038-381

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103338

County of Payette

City of Payette Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 59

Hospital

FULL NAME OF CHILD John Howard Wren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 17 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ira N. Wren	Mary Delilla Thaxton
RESIDENCE	Payette, Idaho	Payette, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	25
BIRTHPLACE	Kans.	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:45 P.M. on the date above stated.

(Signature) J. E. McDonald

(Physician or midwife)

Address Payette, Idaho

Filed July 25 1922 J. C. Woodward Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

JUN 24 1943

531-217-038-289

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

County of Payette

City of Payette

No. 1216 7 Ave N St.

Registration District No. 4 File No. 103339

Primary Registration District No. 1008 Registered No. 60

Hospital

FULL NAME OF CHILD Ethel Utella Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	July 17 1922

FATHER		MOTHER	
FULL NAME	Roy S. Clark	FULL MAIDEN NAME	Ethel Byington
RESIDENCE	Rockland, Idaho	RESIDENCE	Rockland, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Payette Idaho

Filed July 31 1922 J. O. Woodward
Registrar.

MARGIN RESERVED FOR BIND.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1922-370970

815-120-038-364

PLACE OF BIRTH

Form V. S. No. 11—80m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

County of Payette

City of Payette Registration District No. 4 File No. 103340

No. 121 So 6th St.

Primary Registration District No. 1008 Registered No. 61

Hospital

FULL NAME OF CHILD ~~Unnamed~~ Joe Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	July	20	1922

FATHER

FULL NAME Earl J Hansen

RESIDENCE Minedoka Idaho

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Emma Comnick

RESIDENCE Minedoka Idaho

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Minnesota

OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. _____ 19____

_____ Registrar.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette Idg.

Filed July 31 1922 J. G. Woodward Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF IDAHO

DEPA[illegible] WELFARE

[illegible] Idaho, [illegible] 192...

[illegible]EIVED
[illegible]UG 12 1922
[illegible]EAU OF VITAL
[illegible]TATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ...Payette Idaho... Street ..... County .....

File Number ...103340...

Registration Dist. No. .....

Sex of Child ...Male...

Date of Birth ...July 20th... 192[illegible]

Father ...Earl J. Hansen... Full Name

Mother ...Emma Maidene Hansen... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

...Joe Hansen...
Child's Name in Full

...Earl J. [illegible]...
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

619-125-038-295

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103341

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

County of Payette

City of Payette — Registration District No. ..... File No. .....

No. 3rd Ave So

Primary Registration District No. ..... Registered No. 62.

Hospital .....

FULL NAME OF CHILD Unnamed

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 25 1922

FATHER		MOTHER	
FULL NAME	Ralph Farber	FULL MAIDEN NAME	Mabel Kinsey
RESIDENCE	Payette Idaho	RESIDENCE	Payette, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Oregon
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

(Signature) O. H. Avey

Physician

(Physician or midwife)

Address Payette Ida

Filed July 31 1922 J. C. Woodward Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

435-209.038-294

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St. .....

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 103342

Primary Registration District No. 1008 Registered No. 63

FULL NAME OF CHILD Wilma Mildred McNabb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Feb 9 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W D McNabb	Minnie E Simpson
RESIDENCE	Payette Ida	Payette Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	29
BIRTHPLACE	N Carolina	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated, at 11 a. M.

(Born alive or stillborn)

(Signature) J R Woodward M D

(Physician or midwife)

Address Payette Ida

Filed JUL 31 1922 19 J C Woodward Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19 .....

Registrar

235-142-038-396

Form ~~V. S.~~ No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4 File No. 103343

No. ..... St.

Primary Registration District No. 1008 Registered No. 64

Hospital .....

FULL NAME OF CHILD DAVID RALPH STEWART

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 12 1922

FATHER		MOTHER	
FULL NAME	Geo T Stewart	FULL MAIDEN NAME	Myrtle Crane
RESIDENCE	Payette Ida	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	So. Amer.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 30 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Payette Ida

Registrar

Filed JUL 31 1922 19.... J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Malheur } ss.

Certificate No. 103343

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (no name filed) (Name on Original Certificate) who was born (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on Feb 12, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	No Name	David Ralph Stewart

Subscribed and sworn to before me this 12th
day of November, 19 42

Notary Public, residing at Ontario, Ore
My commission expires Jan. 15, 1945
(Seal)

Signed Mrs Myrtle Stewart mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1 Ontario, Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Malheur } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of Nov, 19 42

Notary Public, residing at Ontario, Ore
My commission expires Jan. 15, 1945
(Seal)

Signed Mary Downs
(Signature of Any Credible Person Other Than Previous Year)

Rt Ontario Ore
(Street Address, City, State)

653-201-038-465

PLACE OF BIRTH

RECEIVED AUG 3 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4 File No. 103344

No. ..... St.

Primary Registration District No. 1008 Registered No. 66

Hospital .....

FULL NAME OF CHILD Helen Elaine Wells

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	Mar 1 1922

FATHER		MOTHER	
FULL NAME	Earl R Wells	FULL MAIDEN NAME	Laura Mowran
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	So Dakota	BIRTHPLACE	Minn.
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Payette Ida

Filed JUL 31 1922 19....

J C Woodward
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
AUG 10 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Aug 7, 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: 324 N. 4th St.

County: Payette

File Number: 103344

Registration Dist. No.:

Sex of Child: ~~Female~~ Female

Date of Birth: March 1 1922

Father: Earl Robert Wells
Full Name

Mother: Laura Minnie Monroe
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Helen Elaine Wells
Child's Name in Full

Earl Robert Wells,
Signature of Father or Mother

APR 20 1961

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

275-207-038-553

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUL 31 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103345

County of Payette

City of Payette

Registration District No. 4

File No.

No. St.

Primary Registration District No. 1008

Registered No. 66

Hospital

FULL NAME OF CHILD Martha Clara Sterling

Sex of Child Fem

Twin / Triplet or other? } and { Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mar 7 1922
(Month) (Day) (Year)

FATHER

FULL NAME H A Sterling

RESIDENCE Payette Ida

COLOR White

AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Kans.

OCCUPATION Auto Driver

MOTHER

FULL MAIDEN NAME Louisa Nelson

RESIDENCE Payette Ida

COLOR White

AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Ida

OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 15 p M. on the date above stated.

(Signature) J W Woodward M D

(Physician or midwife)

Address Payette Ida

Filed JUL 31 1922 19

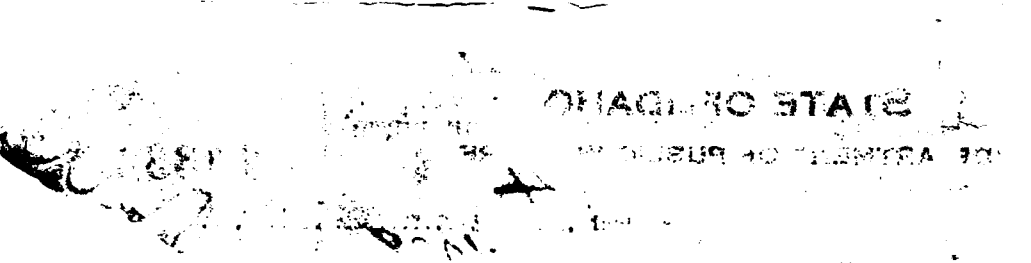
J W Woodward
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG 7, 192.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: ~~420~~ 420 3rd ave north

County: Payette

File Number: 103345

Registration Dist. No.:

Sex of Child: Female

Date of Birth: March 7 1922

Father: LeRoy A. Sterling (Full Name)

Mother: Louise Allan Nelson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dortha Clara Sterling (Child's Name in Full)

Mrs. LeRoy A. Sterling (Signature of Father or Mother)

MAR 4 1954

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

JUN 12 1944

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-112-238-375

PLACE OF BIRTH

RECEIVED AUG 5 1922

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1057

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 67

Hospital

FULL NAME OF CHILD EVELYN MAE WILCOX

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	March 12 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L L Wilcox	Eleanor Lewis
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 a. m. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Williamson M.D.

(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

19

Registrar

Filed JUL 31 1922 19

J. C. Woodward
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 103346
Date Filed FEB 2 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Unnamed Wilcox (Name on original certificate) who was born (Was born or died) on March 12 - 1922 (Date of event) in Payette, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance policy (Bible record, insurance policy, etc.) prepared on Apr. 19, 1926 (Metropolitan #90907859 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Wilcox	Evelyn Mae Wilcox
EVELYN MAE WILCOX		

Subscribed and sworn to before me this 29th day of January, 1942

Lena Halsen
Notary Public, residing at Arcadia, Calif.
My commission expires My Commission Expires March 6, 1943.
[SEAL]

Signed Carlos C Wilcox (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
49 Naomi, Arcadia, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of January, 1942

U L Ray
Notary Public, residing at NOTARY PUBLIC, FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
My commission expires My Commission Expires May 8 1942
[SEAL]

Signed Mrs Frances B Ross
(Signature of any credible person other than the previous affiant.)
1270 Bresse Ave. Pasadena Cal.
(Street Address, City, State)

Received for filing on FEB 2 1942 By
(Registrar's signature)

FEB 14 1942

MAR 8 1967

SEP 6 1961

462-207038-239

Form V. S. No. 11-C--25m-7-21-19

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 103347

Primary Registration District No. 1008 Registered No. 68

FULL NAME OF CHILD Kathryn Marie Moss

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	Apr 7 1922

FATHER		MOTHER	
FULL NAME	Jas C Moss	FULL MAIDEN NAME	Marie Stirm
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ida	BIRTHPLACE	Idaho
OCCUPATION	Dray man	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Payette, Ida

Filed JUL 31 1922 19.... J C Woodward Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WORKS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

RECEIVED
AUG 12 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, AUG 7 [redacted] 192...

Dear [redacted]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City Lewiston

Street 338 North Fourth

County Nezperce

File Number 10 [illegible] 103347

Registration Dist. No. .....

Sex of Child Female

Date of Birth April Seventh 1922

Father James C. Moss
Full Name

Mother Marie Elizabeth Stern
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Kathryn Marie Moss
Child's Name in Full

James C. Moss
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

986-115-038-312

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 103348

Primary Registration District No. 1008 Registered No. 69

FULL NAME OF CHILD Murray D. Rhodes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr 15 1922

FATHER		MOTHER	
FULL NAME	Glen C Rhodes	FULL MAIDEN NAME	Ethel Castle
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oreg	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Payette Ida

Registrar

Filed JUL 31 1922 19.... J C Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 1951

255-210-038-695

Amended 8-14-64 (Be sure the information is complete and accurate)

State File No. 103349

Local Reg. No. 70

Reg. Dist. No. 4

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Marjorie
b. (Middle): May
c. (Last): Beeler

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) May (Day) 10, (Year) 1922

FATHER OF CHILD

7. FULL NAME
a. (First): C.
b. (Middle): E.
c. (Last): Beeler

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Ill.

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Gladys
b. (Middle):
c. (Last): Field

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Wis.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: I. R. Woodward, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Payette, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: July 31, 1922

20. REGISTRAR'S SIGNATURE: J.C. Woodward

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phy or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or ow the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of PAYETTE } ss.

Certificate No. 103349

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Marjorie May Bell (Name on Originaf Certificate) who was born (Was Born or Died) on May 10, 1922 (Date of Event) in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Marjorie May Bell	Marjorie May Beeler

Subscribed and sworn to before me this 20 day of July, 19 64.

Donna D. Williams

Notary Public, residing at Payette, Idaho

My commission expires 9/10/67

(Seal)

Signed Gladys Fuld Beeler

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

625 Main St Payette Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of PAYETTE } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of July, 19 64.

Donna D. Williams

Notary Public, residing at Payette, Idaho

My commission expires 9/10/64

(Seal)

Signed W. A. Beeman

(Signature of Any Credible Person)

6 Elizabeth St.

Payette, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 7-15-64. nm

Own Child's Birth Cert, State of Idaho, State File No. 52-9000 gives full maiden name of mother as Marjorie May Beeler - viewed by V.S.

Notification of Birth Registration, Santa Fe, New Mexico - gives full name of child as Fred Charles Canfield, male,,born Feb. 15, 1944 at Deming, N. Mex. to Fred Canfield, Jr. and Marjorie May Beeler - viewed by V.S.

793-213-038-153

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4

File No. 103350

No. ..... St.

Primary Registration District No. 1008

Registered No. 71

Hospital .....

FULL NAME OF CHILD Nanette Pitts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	May 13 1922

FATHER		MOTHER	
FULL NAME	Chas A Pitts	FULL MAIDEN NAME	Lottie Cuthbertson
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Woodward M.D.

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed JUL 31 1922 19.....

J. B. Woodward
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
AUG 23 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, AUG 7 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: New Plymouth; Street: ; County: Payette

File Number: 103350

Registration Dist. No.:

Sex of Child: Female

Date of Birth: May 13 1922

Father: Charles Pitts (Full Name)

Mother: Lottie Anthony (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wanetta Pitts
Child's Name in Full

Charles Pitts
Signature of Father or Mother

MAR 5 1969

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

415-131-038-361

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 5 1922 VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4 File No. 103351

No. ..... St.

Primary Registration District No. 1008 Registered No. 72

Hospital .....

FULL NAME OF CHILD James Milan Davis

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May 31 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Milan Davis	FULL MAIDEN NAME	Lucy Coats
RESIDENCE	Fruitland Ida	RESIDENCE	Fruitland Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward M D

(Physician or midwife)

Given names added from a supplemental report.

Aug 24 1922

Address Payette Ida

Registrar

Filed JUL 31 1922 19 J C Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Fruitland

Street: .....

County: Payette

File Number: 103351

Registration Dist. No. .....

Date of Birth: May 31 1922

Sex of Child: Male

Father: James Milan Davis (Full Name)

Mother: Lucy Windell Coates (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Milan Davis Jr. (Child's Name in Full)

Mrs J M Davis (Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

847-125-078-751

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

County of Payette

City of Payette

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 103352

No. ..... St.

Primary Registration District No. 1308 Registered No. 73

Hospital .....

FULL NAME OF CHILD Virgil Pearce Hunter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	June	25	1922

FATHER		MOTHER	
FULL NAME	Lewis Hunter	FULL MAIDEN NAME	Ruth Pearce
RESIDENCE	Harper Dist	RESIDENCE	Harper Dist
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Texas
OCCUPATION	Garage Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 30 p M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Payette Ida

Registrar

Filed JUL 31 1922 19 J. C. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

Boise, Idaho, AUG 7 1928

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: 237 S 10 St

County: Payette

File Number: 103352

Registration Dist. No.:

Sex of Child: Male

Date of Birth: June 25 1928

Father: Louis Frank Hucker (Full Name)

Mother: Ruella Pearce (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Virgil Pearce Hucker

Child's Name in Full

Mrs. Louis Hucker

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

799 128-038-231

[redacted]

V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 103353

Primary Registration District No. 1008 Registered No. 74

FULL NAME OF CHILD Albert Lewis Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 28 1922

FATHER		MOTHER	
FULL NAME	Wm Price	FULL MAIDEN NAME	Hulda Scanlin
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ida	BIRTHPLACE	Colo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Payette Ida

Filed JUL 31 1922 19.... J C Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 21 1946

994229.038938

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

County of Payette

City of Payette

CERTIFICATE OF BIRTH

103354

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 75

Hospital

FULL NAME OF CHILD Helen Christine Zimmerman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 29 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank S Zimmerman	Ida Schreiber
RESIDENCE	Payette Ida	Payette Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Postal Clerk	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Woodward M.D.

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

19

Registrar

Filed JUL 31 1922 19 J. E. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: 327 – 3rd Ave North

County: Payette

File Number: 103354

Registration Dist. No.: .....

Date of Birth: June 29th 1922.

Sex of Child: Female

Father: Frank Stephen Zimmerman (Full Name)

Mother: Ida Rosine Schreiber Zimmerman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Helen Christine Zimmerman

Child's Name in Full

Frank S. Zimmerman

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-101-038-792

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103355

RECEIVED JUL 31 1922 BUREAU OF VITAL STATISTICS

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Hospital Primary Registration District No. 1008 Registered No. 76

FULL NAME OF CHILD Robert Louis Lamer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 1 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Lamer	Eva Lish
RESIDENCE	Payette Ida	Payette Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	47 (Years)	34 (Years)
BIRTHPLACE	Ida	Kan
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive, at 12 Noon on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woodward M.D.
(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

19

Registrar

Filed JUL 31 1922 19

J. C. Woodward
Registrar

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Payette
Street: 1010 Center Ave.
County: Payette

File Number: 103355

Registration Dist. No.: East

Date of Birth: July 1 1922

Sex of Child: Male

Father: Edwin Lauer
Full Name

Mother: Miss Eva Fish
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Robert Lauer
Child's Name in Full

Edwin Lauer
Signature of Father or Mother

THE SAME COMPLIED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 103255
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Robert Lauer (Name on original certificate) who born (Was born or died) on July 1, 1922 (Date of event)
in Payette, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Robert Lauer	Robert Louis Lauer

Subscribed and sworn to before me this 30th day of January, 1942

Geo Brumbach
Notary Public, residing at Payette, Idaho
My commission expires Aug 17 1944
[SEAL]

Signed S R Woodward, M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
RITZ BUILDING, PAYETTE, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of PAYETTE } ss.

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of January, 1942

Geo Brumbach
Notary Public, residing at Payette Ida
My commission expires Aug 17-1944
[SEAL]

Signed J C Woodward M.D.
(Signature of any credible person other than the previous affiant.)
WOODWARD BUILDING, PAYETTE, IDAHO
(Street Address, City, State)

Received for filing on 1/30/1942 By J C Woodward M.D.
(Registrar's signature)

185-103-038-229

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103356

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 77

Hospital

FULL NAME OF CHILD Ralph albert Ayers

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Male			Yes.	July	3	22

	FATHER	MOTHER
FULL NAME	Clifford H Ayers	FULL MAIDEN NAME Edith Evelyn Simpson
RESIDENCE	Payette Ida	RESIDENCE Payette Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Oreg	Canada
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive, at 230 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Woodward M D

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

19

Registrar

Filed JUL 31 1922 19 J C Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

CERTIFICATE OF BIRTH

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street:

County: Payette

File Number: 103356

Registration Dist. No.:

Date of Birth: July 3 1922

Sex of Child: Male

Father: Clifford H. Ayers (Full Name)

Mother: Edith Evelyn Skippen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ralph Albert Ayers
Child's Name in Full

Clifford H. Ayers
Signature of Father or Mother

K

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

389-109-038-463

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Payette

CERTIFICATE OF BIRTH 103357

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 78

Hospital

FULL NAME OF CHILD Robert David Chilcott

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 9 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W M Chilcott	Bessie Dobson
RESIDENCE	Emmett Ida	Emmett Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Penn.	Neb.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woodward M.D.
(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

19

Registrar

Filed JUL 31 1922 19 J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

RECEIVED
AUG 24 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG 7 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street:

County: Payette

File Number: 103357

Registration Dist. No.:

Sex of Child: Male

Date of Birth: July 7th 1922

Father: William G. Silcott (Full Name)

Mother: Bessie D. Datson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert David G. Silcott
Child's Name in Full

William G. Silcott
Signature of Father or Mother

MAR [illegible]42

AUG 22 1955

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

623-208-038-692

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Payette

AUG 5 1972
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103358

City of Payette — Registration District No. 4 — File No.

No. ____ St.

Primary Registration District No. 1008 — Registered No. 79

Hospital

FULL NAME OF CHILD Lucille Geraldine Osten

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	July 8 1972

FATHER		MOTHER	
FULL NAME	Jacob Osler	FULL MAIDEN NAME	Kathline Fiesla
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P.M. on the date above stated.

(Signature) J. A. Woodward M.D.

(Physician or midwife)

Address Payette Idaho

Filed JUL 31 1972 19

J. A. Woodward
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4

RECEIVED
SEP 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG 7 [illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette Ida
Street: R. 2
County: Payette

File Number: 103358

Registration Dist. No.: North Payette

Sex of Child: Female

Date of Birth: July 8th 1922

Father: Jacob Oster (Full Name)

Mother: Lydia Katherine Fosher (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lucille Geraldine (Oster)
Child's Name in Full

Mrs. Jacob Oster
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

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It establishes legally the date of the child's birth, parentage and legitimacy.

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

415-110-038-756

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 103359

Primary Registration District No. 1008 Registered No. 80

FULL NAME OF CHILD Thomas Alan Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 10 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H J Davis	FULL MAIDEN NAME	Guilelma Guillelma George
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Ark
OCCUPATION	Real Estate Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Payette Ida

Filed JUL 31 1922 19 J C Woodward

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

RECEIVED
AUG 19 1926
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG 7 1926

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: 421 N. 7th

County: Payette

File Number: 103359

Registration Dist. No.: 3

Sex of Child: Male

Date of Birth: July 10 1922

Father: Herbert J. Davis (Full Name)

Mother: Gulielma George (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Thomas Alan Davis
Child's Name in Full

Mrs. Herbert J. Davis
Signature of Father or Mother

MAY 14 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

391-111-038-643

Form V. S. No. 11-C--25m-7-21-19

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 103360

Primary Registration District No. 1008 Registered No. 81

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 11 (Day) 1922 (Year)

	FATHER		MOTHER
FULL NAME	Roy S Crane	FULL MAIDEN NAME	Madge Fulton
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mont.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Payette Ida

Registrar

Filed JUL 31 1922 19.... J C Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-214-038-213

PLACE OF BIRTH

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103361

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 82

Hospital

FULL NAME OF CHILD Lucille May Lee

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				Yes	July 14 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. W. Lee	Cyrus Li Bailey
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Ind.	Wash.
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J. G. Woodward M.D.

(Physician or midwife)

Address Payette Idaho

Filed JUL 31 1922 19

J. G. Woodward
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
AUG 12 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, Aug 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette,

Street: 540 Second

County: Payette,

File Number: 103361

Registration Dist. No.:

Sex of Child: Female

Date of Birth: July 14 1922

Father: James Wm Lee (Full Name)

Mother: Augusta E. Lee (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lucile May Lee

Child's Name in Full

James W. Lee

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

813-22-07895

RECEIVED AUG 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 103362

Primary Registration District No. 1008 Registered No. 83

FULL NAME OF CHILD Anna Lorraine Hallman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	July 21 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A A Hallman	Maud Pinehart
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	49 (Years)	38 (Years)
BIRTHPLACE	Wis.	N. Dakota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward M D

(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report. ..... 19....

Filed JUL 31 1922 19.... J. C. Woodward Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG 7 1922 19..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: 1131 - 7th Ave. No.

County: Payette

File Number: 103362

Registration Dist. No.:

Sex of Child: Female

Date of Birth: July 21, 1922.

Father: Alfred August Hallman (Full Name)

Mother: Maud Ellyne Rhinehart (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Anna Lorraine Hallman

Child's Name in Full

Mrs Alfred A. Hallman

Signature of Father or Mother

FEB 4 19[illegible] SEP 9 195[illegible]

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

AUG 12 1953

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

751-126-038-381

PLACE OF BIRTH

RECEIVED AUG 5 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 103363

Primary Registration District No. 1008 Registered No. 84

FULL NAME OF CHILD Victor Shirley Pearce

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 26 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W B Pearce	Ruth Chaney
RESIDENCE	Payette Ida	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	17
BIRTHPLACE	Texas	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.25 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) J. A. Woodward M.D.

(Physician or midwife)

Address Payette Ida

Filed JUL 31 1922 19 J. A. Woodward
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19 .....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: 10th

County: Payette

File Number: 103363

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 26 192.2

Father: Walter Brownlow Pearce (Full Name)

Mother: Ruth Channer Pearce (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Victor Shirley Pearce
Child's Name in Full

Mrs W. B. Pearce
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

866/01-038-522

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103364

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 83

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 1 1922

FATHER		MOTHER	
FULL NAME	W A Howard	FULL MAIDEN NAME	Carrie Ehrberg
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ark	COLOR	White
OCCUPATION	Laborer	BIRTHPLACE	Ill
		OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Woodward MD
(Physician or midwife)

Address Payette, Ida

Given names added from a supplemental report.

19

Registrar

Filed JUL 31 1922 19

J O Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-123-040-812

PLACE OF BIRTH

[redacted] RE

103365

County of Shoshone

City of Avery

No. — St.

Hospital

Registration [redacted]

Primary Registr[redacted]

File No.

Registered No.

FULL NAME OF CHILD Takeshi [redacted] hara

(Certificat[redacted]hout full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	L[redacted] ma[redacted]	Date of birth (Month) (Day) (Year)
Male	✓		✓	Yes	June 23 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harry Shigihara	FULL MAIDEN NAME	Yoneko Yabuki
RESIDENCE	Avery, Ida	RESIDENCE	Avery, Idaho
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Boiler Washer Helper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that ~~I attended the birth of~~ this child, ~~who~~ was born alive, at 5 15 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 Photostat copy 12/17/41

Give names added from a supplemental report.

1 Photostat copy 4/10/42

, 192

Registrar.

(Signature) H. Shigihara

(Physician or midwife)

Address Avery Idaho

Filed July 18 1922 F. W. Almond M.D. State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1941
APR 13 1942
NOV 3 0 '954

533-107-040-NS

RECEIVED
JUL 31 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Wallace

Registration District No. 70

File No. 103366

Pri[illegible] Registration District No. 1041

Registered No. 65

FULL NAME OF CHILD John Albert Ellis

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
M		Yes	June 7 1922 (Month) (Day) (Year) 11:35 a.m.

FATHER		MOTHER	
FULL NAME	William Nicol Ellis	FULL MAIDEN NAME	Alice Marian Janneck
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Florida	BIRTHPLACE	North Dakota
OCCUPATION	Metallurgist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 11:35 a.m. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Filed June 10 1922 F L Tendey Registrar

SYMS - YORK CO., PTRS. & WDRS. 17896

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

CERTIFICATE OF BIRTH

Filed No.

Registered No.

FULL NAME OF CHILD

Date of Birth

Place of Birth

MOTHER

FATHER

BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Signature

Signature of Attendant

Signature of Registrar

796-106-040-396

PLACE OF BIRTH

RECEIVED JUL 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103367

County of Shoshone
City of Wallace
No. 220 Bank St.
Registration District No. 70
File No.
Hospital
Primary Registration District No. 1601
Registered No. 64

FULL NAME OF CHILD William Jack Graham
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One	1st	Yes	June 6 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George N. Graham	FULL MAIDEN NAME	Erma Crow Wyn
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Salt Lake Utah	BIRTHPLACE	Salt Lake Utah
OCCUPATION	Delivery Man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 05 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida

....., 19....

Filed June 10 1922 F L Tundy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1942

433-207-040-281

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 108 Bank St.

Hospital

RECEIVED JUL 31 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 103368

Primary Registration District No. 1011 Registered No. 65

FULL NAME OF CHILD Agnes Marie McCann
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	7	Yes	June 7 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Terrence McCann	FULL MAIDEN NAME	Isabella Shannon
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	RR Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Address Wallace Ida.

Give names added from a supplemental report.

....., 19....

Registrar.

Filed June 10 1922 F L Finley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 0 1945
AUG 1 7 1942
MAR 1 1 1953

599-209-040-569

RECEIVED
JUL 31 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—10m-6-7-11

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. Cedar St.

Hospital Wallace

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

103369

Registration District No. 70

File No.

Primary Registration District No. 1011

Registered No. 66

FULL NAME OF CHILD Alice Victoria Erickson 2:20 P.M.

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female	~~Fmd~~	Yes	6 9 1922

FATHER		MOTHER	
FULL NAME	Antone Linus Erickson	FULL MAIDEN NAME	Jennie Nord
RESIDENCE	Gem. Ida	RESIDENCE	Gem. Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Repair man in mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herman E. Hanson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address

June 15 1922 F. L. Tenney

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

AUG 3 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. Cedar St.

Hospital Wallace

RECEIVED JUL 31 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103370

Registration District No. 10

Primary Registration District No. 1011

File No.

Registered No. 67

FULL NAME OF CHILD Vivian Lucille Bernard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	June 11 1240 A.M. 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard Bernard	FULL MAIDEN NAME	Bessie Hockett
RESIDENCE	Burke, Idaho	RESIDENCE	Burke, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Miles City - Mont.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated. (Born alive or stillborn)

(Signature) [illegible]

(Physician or midwife)

Address

Filed June 15 1922

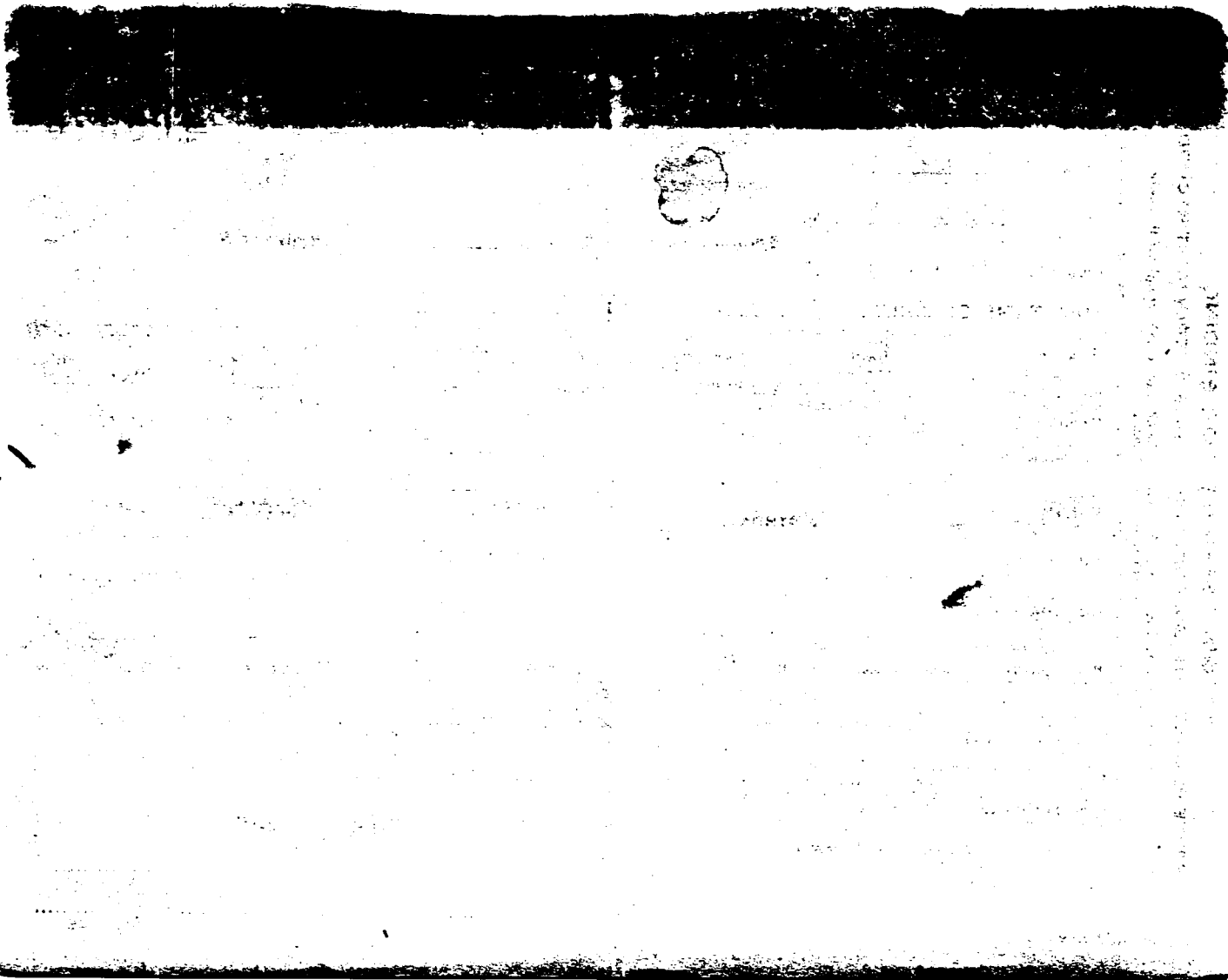
[illegible] Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 Registrar

S-Y CO. 24659



785-115-040-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 31 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103371

County Shoshone

City of Wallace

No. ..... St.

Registration District No. 70 File No. .....

Hospital Providence Primary Registration District No. 1011 Registered No. 68

FULL NAME OF CHILD Don George Phelan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One		1st	Yes	June 15 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George Phelan	FULL MAIDEN NAME	Emeline Wilkes
RESIDENCE	Osborne Ida	RESIDENCE	Osborne Ida
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Minnesota
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Wallace Ida

....., 19....

Filed June 25 1922 F L Turner
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 29 1944

OCT 8 1942

SEP 12 1944

JUN 1 - 1953

418-13-[illegible]-419

RECEIVED
JUL 31 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

Form V. S. [illegible] 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

Registration District No. 70

Primary Registration District No. 1011

File No. 103372

Registered No. 69

FULL NAME OF CHILD William Leonard Mayther

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	6 (Month) 13 (Day) 1922 (Year) 12:35 a.m.

FATHER		MOTHER	
FULL NAME	Raymond Richard Mayther	FULL MAIDEN NAME	Daisy Alice Martin
RESIDENCE	Wallace	RESIDENCE	Daisy Alice Martin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Homer N. Y.	BIRTHPLACE	Maid-Stone-Kent. England
OCCUPATION	Manager - Denver Rock Drill	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:35 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Thomas

(Physician or Midwife)

Given names added from a supplemental report

..... 19..

Address .....

Filed June 25 1922 F. L. Tandy

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AYMS - YORK CO., PTRS. & SDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 103372
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for William Leonard Mayther (Name on original certificate) who was born (Was born or died) on June 13, 1922 (Date of event) in Wallace Hospital, Wallace, Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Metropolitan Insurance Policy #32163231 (Bible record, insurance policy, etc.) prepared on July 2, 1923 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname of father and son	Mather	Mayther

Subscribed and sworn to before me this 9 day of Oct, 1944.
Geo. W. Fidler
Notary Public, residing at Wallace Idaho
My commission expires June 16-1943
[SEAL]

Signed R. W. Mayther
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
407 - 7th St. Wallace
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of Oct, 1944.
Geo. W. Fidler
Notary Public, residing at Wallace, Ida
My commission expires June 16-1943
[SEAL]

Signed E. E. Vaughan
(Signature of any credible person other than the previous affiant.)
407 - Bank St. Wallace, Idaho,
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 15 1941

269-113-840-369

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital .....

RECEIVED
JUL 31 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103373

Registration District No. 70 File No. .....

Primary Registration District No. 911 Registered No. 10

FULL NAME OF CHILD John Korsick
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One	4th	Yes	June 13 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Sef Korsick	FULL MAIDEN NAME	Antone Lorettaga
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W AGE AT LAST BIRTHDAY 47 (Years)	COLOR	W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	R.R. Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 49 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Wallace Ida

Filed June 20 1922 F L Tinney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 0 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 893-114-040-133 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103374

Registration District No. ..... State File No. 103374

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jacob Albert Hicks

3. Sex M

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth June 14, 1932 (Month, Day, Year)

FATHER

9. Full name William Edward Hicks

10. Residence (usual place of abode) (If non-resident, give place and State) Cripple Creek, Colo

11. Color or race wh | 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Centralia Oklahoma

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Adaline Eulala Allee

19. Residence (usual place of abode) (If non-resident, give place and State) Burke Idaho

20. Color or race wh | 21. Age at last birthday 18 (years)

22. Birthplace (city or place) (State or Country) Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrolis

28. Number of children of this mother (At time of this birth and including this child)
1 (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 6:40 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) [signature], M. D.

or Physicians, Midwife

Address Wallace Idaho

Filed June 23, 1932 [signature]

Registrar.

FATHER

MOTHER

693-119-040-813

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone
City of Wallace
No. ..... St.
Hospital Providence

Registration District No. 70 File No. 103375
Primary Registration District No. 1011 Registered No. 72

FULL NAME OF CHILD Leonard Ellis Wickward
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One		1st	Yes	June 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Leonard Taylor Wickward	FULL MAIDEN NAME	Martha Ellen Hale
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Colorado
OCCUPATION	Foundryman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:34 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Give names added from a supplemental report

Address Wallace Ida.

....., 19...

June 25 1922 F L Fenton
Registrar Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] ELFARE

BUREAU OF VITAL STATISTICS

RECEIVED JUL 31 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103376

County of Shoshone

City of Wallace

No. 170 Amy St.

Registration District No. 70 File No.

Hospital

Primary Registration District No. P911 Registered No. 73

FULL NAME OF CHILD Martha Fay Peterson

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	ONE	[illegible]	Yes	June 24 1922

(To be answered only in event of plural birth)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wallace Peterson	FULL MAIDEN NAME	Alfa May Gibson
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Wallace Ida	BIRTHPLACE	Oklahoma
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Snowberg

Physician

(Physician or midwife)

Address Wallace Ida

Give names added from a supplemental report.

....., 19...

Registrar.

Filed June 30 1922 F L Lindsay

Registrar.

[redacted]

JUN 21 1973

881-126-040-695

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUL 31 1922
BUREAU OF VITAL STATISTICS

Registration District No. 70 File No. 103377

Primary Registration District No. 1011 Registered No. 74

FULL NAME OF CHILD Frances Hyatt

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	one (To be answered only in event of plural births)	2nd	Yes	June 26 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank A. Hyatt	FULL MAIDEN NAME	Agnes Keegan
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Oregon
OCCUPATION	Timekeeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12:40 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

(Physician or midwife)

Address Wallace Ida

Filed June 26 1922

Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1942

JUL 16 1942

MAY 4 1948

864-223-040-365

PLACE OF BIRTH

County of Shoshone

City of Interstate

No. — St.

Hospital —

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 31 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 103380

Primary Registration District No. ..... Registered No. 60

FULL NAME OF CHILD Doris Fay Hodgins
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One		1st	Yes	May 23 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Albert W Hodgins	FULL MAIDEN NAME	Hazel Long
RESIDENCE	Interstate	RESIDENCE	Interstate
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	No. Dak.	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery
Physicians
(Physician or midwife)

Address Wallace Ida

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed ..... 192..

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-127-040-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 31 1922

CERTIFICATE OF BIRTH 103381

County of Shoshone

City of Wallace

No. 7th & Alive St.

Registration District No. 70

File No.

Hospital

Primary Registration District No. 0011

Registered No. 61

FULL NAME OF CHILD William Albert Farraris
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	one			yes	May 27 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrolis

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Farraris	FULL MAIDEN NAME	Ortensia Farghatta
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 55 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S Mowery
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Wallace Ida

Filed June 10 1922 F L Fenton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-227-040-618

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Registration District No. 70 File No. 103382

Hospital .....

Primary Registration District No. 1011 Registered No. .....

FULL NAME OF CHILD Mary Pauline Serdar
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	and	Yes	May 27, 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John Serdar	FULL MAIDEN NAME	Patricia Fahey
RESIDENCE	Washington	RESIDENCE	Washington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Austria	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. D'Ettman
Burke Ida
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address .....

Filed June 10 1922 F. L. Finley Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-201-042-813

PLACE OF BIRTH

STAT[redacted]
DEPARTMENT O[redacted]FARE
BUREAU OF [redacted]

RECEIVED
JUL 11 1922
BUREAU OF VITAL
[illegible]

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

CERTIFICA[redacted]TH 103383

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Lois Marie Blick
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	6 1 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	W. F. Blick	FULL MAIDEN NAME	Ora Bell Hallett
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Colo	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys.
(Physician or midwife)

Address Buhl Ida

Filed JUL 1 1922 J. F. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1942

693-109-042-636

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 1 1922

CERTIFICATE OF BIRTH 103384

County of Twin Falls
City of Buhl
No. ____ St.
Hospital ____
Registration District No. 39 File No. ____
Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Eugene Edward Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	6 - 9 - 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Eugene C. Wilson	FULL MAIDEN NAME	Opal Edna Floyd
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl
COLOR	wht.	COLOR	wht.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) Geo Jennings M D
(Physician or midwife)

Address Buhl Ida

Filed JUL 1 1922 J. H. Murphy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Missouri } ss.
County of Bates }

Certificate No. 1
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Eugene Edward Wilson (Name on original certificate) who Born (Was born or died) on June 9, 1922 (Date of event)
in Buhl Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	No Name	Eugene Edward Wilson

Subscribed and sworn to before me this 29
day of July, 1941

Nina L Carlson
Notary Public, residing at Butler Mo
My commission expires Aug 30, 1944
[SEAL]

Signed Mrs Eugene Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, or informant if correcting a death record; or other credible person)

308 W. Ohio Butler Mo.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

AUG 11 1948

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
693-118-942-317
County of Twin Falls.
City of Buhl
No. ..... St.
Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED JUN 1922

CERTIFICATE OF BIRTH 103385

Registration District No. 39 File No. .....
Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD KENNETH LESTER WILKINSON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	6-10-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	J. H. Wilkinson	FULL MAIDEN NAME	Edna Cagle
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah.	BIRTHPLACE	Texas.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)
Address Buhl Ida.

Give names added from a supplemental report.

..... 19.....
Registrar.

Filed 6-15-1922 J. H. Murphy
Registrar.

OCT 23 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Marion } ss.

Certificate No. 103385

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Kenneth Lester Wilkinson (Name on Original Certificate) who was born (Was Born or Died) on June 10 1922 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Kenneth Lester Wilkinson

Subscribed and sworn to before me this 21st
day of October, 19 42

Notary Public, residing at Stayton, Oregon

My commission expires July 18 1943
(Seal)

Signed John H. Wilkinson
father of Kenneth Lester Wilkinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Turner, Route 1, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Marion } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of October, 19 42

Notary Public, residing at Stayton Ore

My commission expires July 18 1943
(Seal)

Signed Donna M Baldwin
(Signature of Any Credible Person Other Than Previous Year)

Stayton, Oregon.
(Street Address, City, State)

168-214-042-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 11 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103386

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Edna Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		Yes	6-14-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Otto A. Johnson	FULL MAIDEN NAME	Beatrice Warren
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hsewfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings MD
(Physician or midwife)

Address Buhl, Ida.

Filed JUL 1 1922 J. H. Ulrichsley
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital ance to have the full name included in the record. Kindly fill in the information requested in the blank be and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street:

County: Twin Falls

File Number: 103386

Registration Dist. No.:

Sex of Child: Female

Date of Birth: June 14 192

Father: Otto [illegible] Johnson (Full Name)

Mother: Beatrice Warren J. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elmer Johnson

Child's Name in Full

Mrs Otto Johnson

Signature of Father or Mother

low

irth registration is part of every child's birthright.
t establishes legally the date of the child's birth, parentage
timacy.
It enables the Public Health Nurse to make sure the child has
tected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

The correct age for purposes of school attendance.
Employment.
Protection under the law.
Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.
Just at this time while many of the Ex-Service men are com-
furnish certified copies of certificates of birth, it is im-
at the certificates be filed with the BUREAU OF VITAL STATIS-
the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

653-215-042-545

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Buhl
No. ____ St.
Hospital ____

JUL 11
Registration District No. 39
Primary Registration District No. 3087

File No. 103387
Registered No. ____

FULL NAME OF CHILD EDNA MINNIE WELSH
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	6-15-192x

What bactericidal solution was used in eyes? argyrol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Peter Welch	FULL MAIDEN NAME	Anna Nielson
RESIDENCE	Buhl	RESIDENCE	Dana
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19....

..... Registrar.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl Idaho

Filed 6-15 1922 J. H. Murphy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1947

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 108387
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Edna Minnie Welsh (Name on original certificate) who born (Was born or died) on June 15, 1922 (Date of event)
in Basin Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
SurName	Welch	Welsh
Name	Unnamed	Edna Minnie

Subscribed and sworn to before me this First day of June, 19 42
Helen H. Hinchcliff
Notary Public, residing at Ogden, Utah
My commission expires Ogden, Utah
[SEAL]

Signed Mrs Peter Welsh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R-1-Box 238 Ogden Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this First day of June, 19 42
Helen H. Hinchcliff
Notary Public, residing at Ogden, Utah
My commission expires 2-30-45
[SEAL]

Signed Mrs Jesse E. Downs
(Signature of any credible person other than the previous affiant.)
2940 Pingree Ave. Ogden Utah
(Street Address, City, State)

Received for filing on JUN 4 1942 By .....
(Registrar's signature)

SEP 2 1944

512-218-042-394

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103386

County of Twin Falls.
City of Buhl.
No. ____ St.
Hospital ____

Registration District No. 39 File No. ____
Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Harriett Minnie Eastman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	6. 18. 1927

What bacteriocidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth. 3. Number of child of this mother now living, including present birth. 3.

FATHER		MOTHER	
FULL NAME	J. O. Eastman.	FULL MAIDEN NAME	Harriett Crumb
RESIDENCE	Buhl Ida.	RESIDENCE	Same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Real Estate.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Filed 6-27 1927 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-119.042-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

RECEIVED JUL 11 1922 BUREAU OF VITAL STATISTICS

Registration District No. 39 File No. 103389

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Marvin L. Jones Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	6 19 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	M. L. Jones	FULL MAIDEN NAME	Lucinda Gray
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Texas	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. McClusky
Phys.
(Physician or midwife)

Address Buhl Ida

Filed JUL 1 1922 J. R. Wright
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 24 1944

229-119-042-797

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 11 1922 BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

103390

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Fletcher H. Skillern Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	6 19 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Fletcher H Skillern	FULL MAIDEN NAME	Gertrude Piper
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Tenn.	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F McClusky

Phys (Physician or midwife)

Address Buhl Ida

Filed JUL 1 1922 192 J. H. Murphy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1974

4 32-120 042 249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUL 11 1922 BUREAU OF VITAL STATISTICS

County of Twin Falls
City of Buhl
No. ____ St.
Hospital ____

Registration District No. 39 File No. 103391
Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Clyde Jay McKenzie
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		yes	6 - 20 - 1922

What bactericidal solution was used in eyes? Crede sol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Calhoun McKenzie	FULL MAIDEN NAME	Cordie Cecil Smith
RESIDENCE	Hollister Ida.	RESIDENCE	Hollister
COLOR	Wht	COLOR	Wht.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ark.	BIRTHPLACE	Okla.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M.D.
(Physician or midwife)

Address Buhl

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed JUL 1 1922

J. H. Murphey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hailister

Street:

County: Twin Falls

File Number: 103391

Registration Dist. No.:

Date of Birth: June 20 192.2

Sex of Child: Male

Father: John Calhoun McKenzie (Full Name)

Mother: Cordie Cecil Smith (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Clyde Jay McKenzie
Child's Name in Full

Cordie McKenzie
Signature of Father or Mother

FEB 1 1 1949

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

313-220-042-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 11 1922 BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

103392

Registration District No. 59 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Marcella Jane Calhoun
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	6 20 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	M Bryan Calhoun	FULL MAIDEN NAME	Drusilla Jane Carnahan
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	S. Doka
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Fred Clucky
Phys
(Physician or midwife)

Address Buhl Ida

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed JUL 1 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1944

556-120-042-963

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 11 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of

No. St.

Hospital

CERTIFICATE OF BIRTH

103393

Registration District No. 39 File No.

Primary Registration District No. 2087 Registered No.

FULL NAME OF CHILD Francis Roland Newlan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	6 20 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	F. C. Newlan	FULL MAIDEN NAME	Eva Roland
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 700 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Buhl, Ida

Filed JUL 1 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE

RECEIVED
SEP 9 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, AUG 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street:

County: Twin Falls.

File Number: 103393

Registration Dist. No.:

Date of Birth: June 20 1922

Sex of Child: Male

Father: Francis C Newlan. (Full Name)

Mother: Eva J Roland. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Francis Roland Newlan. (Child's Name in Full)

Eva J Newlan. (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

285-22-042-312

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103394

County of Twin Falls

City of Buhl

No. ..... St. .....

Registration District No. 39 File No. .....

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Doris Vera Sheely

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	and		yes	6-21-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Benj. F. Sheely	FULL MAIDEN NAME	Nora Tabor
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Neb.	BIRTHPLACE	Penn
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Jennings M D

(Physician or midwife)

Address Buhl

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed JUL 1 1922

J. W. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

AUG 7 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street: .....

County: Twin Falls

File Number: 103394

Registration Dist. No.: 1

Date of Birth: June 21 1922

Sex of Child: Female

Father: Ben T. Sheely (Full Name)

Mother: Lora Tabor (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Doris Ireva Sheely

Child's Name in Full

Ben T Sheely

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

125-22-042-355

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103395

RECEIVED
JUL 11 1922
VITAL STATISTICS

County of Twin Falls
City of Buhl
No. ..... St. .....
Hospital .....
Registration District No. 39
Primary Registration District No. 2087
File No. .....
Registered No. .....

FULL NAME OF CHILD Margaret Florine Aker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	6-22-1922

What bacterioidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 — Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Albert Elmore Aker	FULL MAIDEN NAME	Esther Tillie Lee
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Day Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M.D.
(Physician or midwife)

Address Buhl Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed JUL 1 1922

J. W. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPT OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED SEP 22 1930 BUREAU OF VITAL STATISTICS

Boise, Idaho, AUG [illegible] 1930

Dear [illegible]:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Buhl

Place of Birth: [redacted]

Place of Birth: County Twin Falls

File Number 103395

Registration Dist. No.

Sex of Child Female

Date of Birth June 22nd 1930

Father Albert Edmond [illegible] (Full Name)

Mother Esther Lillian Lee (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margret Fleeman [illegible]

Child's Name in Full

Albert Edmond [illegible]

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

142-222-042-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 11 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 103396

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Mary Jane Ambrose
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	6 22 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	W. A. Ambrose	FULL MAIDEN NAME	Clara Colegrove
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ill	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys
(Physician or midwife)

Address Buhl Ida

Filed JUL 1 1922 J. H. Murkley
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street:

County: Twin Falls

File Number: 103396

Registration Dist. No.:

Sex of Child: Female

Date of Birth: June 22 1922

Father: William Alonzo Ambrose
Full Name

Mother: Clara May Colegrove
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Mary June Ambrose
Child's Name in Full

William Alonzo Ambrose
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

493-225-042-468

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 11 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103397

County of Twin Falls
City of Castleford
No. ..... St. .....
Registration District No. 39
File No. .....
Hospital .....
Primary Registration District No. 3087
Registered No. .....

FULL NAME OF CHILD Mildred Louise Mitchell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	and		Yes	6 25 1922

What bactericidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Roy Mitchell	FULL MAIDEN NAME: Sarah Meyers
RESIDENCE	Castleford	Dawe
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	16
BIRTHPLACE	Mo.	Texas
OCCUPATION	Farmer	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) J. H. Murphey M.D.
(Physician or midwife)

Address Buhl Ida.

Filed 6-27 1922 J. H. Murphey Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

AUG 7 1922

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is o ance to have the full name included in the record. Kindly fill in the information requested in th and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL ST.

Place of Birth
- City: Castle Ford Ida
- Street: .....
- County: Twin Falls

File Number: 103397

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: June 2 5

Father: Adam Lee Roy Mitchell (Full Name)

Mother: Evah Mervi (Full Maiden Nam

I HEREBY CERTIFY that the child described herein has been named:

Mildred Louise Mitchell.
Child's Name in Full

Mr R Y Mita
Signature of Father

NOV 13 1959

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

814-126-042-764

PLACE OF BIRTH

RECEIVED JUL 11 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103398

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 34 File No. .....

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Thomas Franklin Hamby
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	6 27 1922

What bacteriecidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	A. L. Hamby.	Susie Godsey.
RESIDENCE	Buhl.	Same.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	55	25
BIRTHPLACE	Iowa.	Iowa.
OCCUPATION	Farmer.	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M. D. (Physician or midwife)

Address Buhl Ida

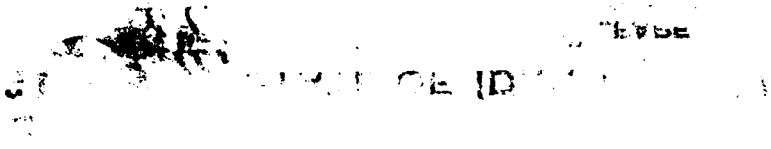
Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 6 27 1922 J. H. Murphy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street:

County: Twin Falls

File Number: 103398

Registration Dist. No.:

Sex of Child: Male

Date of Birth: June 26, 1922

Father: Andrew L. Hamby (Full Name)

Mother: Susie Godsey (Hamby) (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Thomas Franklin Hamby
Child's Name in Full

A. L. Hamby
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

659-126-042-453

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Hospital ____

RECEIVED
JUL 11 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 103399

Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Wayne Howard Ferguson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	June 26 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME W. H. Ferguson	FULL MAIDEN NAME Bertha Methven
RESIDENCE Buhl	RESIDENCE Buhl
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Nebr.	BIRTHPLACE Nebr.
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys.
(Physician or midwife)

Address Buhl Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed JUL 1 1922 J. F. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASONS WHY A CERTIFICATE OF BIRTH
[illegible] AND THE SAME COMPLETED WI[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number ....103399.....

Registration Dist. No. .....

Sex of Child.....Male.....

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....Wayne Howard Ferguson.....

Child's Name in Full

Walter Howard Ferguson

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

291-130-042-165

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

RECEIVED JUL 11 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103400

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Albert Lee Brager
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	6-30-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Albert James Brager	FULL MAIDEN NAME	Grace Myrtle Jones
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht — AGE AT LAST BIRTHDAY 33 (Years)	COLOR	Wht — AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings, M.D.
(Physician or midwife)

Address Buhl

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed JUL 1 1922 J. H. Murphy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE
BE FILED FOR EACH CHILD [illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Twin Falls

File Number .....103400.....

Registration Dist. No. .....

Date of Birth June 30th 192 2.

Sex of Child..... Male .....

Father Albert James Beager
Full Name

Mother Grace Myrtle Jones
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Albert Lee Beager
Child's Name in Full

Mrs Albert James Be
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

255-109-042-789

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103401

Registration District No. 38 File No. .....

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Robert William Snelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	July 4 192

What bactericidal solution was used in eyes? Ag no 3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm Snelson	FULL MAIDEN NAME	Ada Phillips
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Indiana
OCCUPATION	Ditch Rider	OCCUPATION	Hurfi

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6 55 a M.
(Born alive or ~~stillborn~~)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Newberry
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed July 4 192 A A Newberry
Registrar.

WRITE PLAINLY WITH UNFADING INK—
N. B.—In case of more than one child at birth a SE. and the number of each, in

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
[illegible] FILED FOR EACH CHILD AND THE SAME COMPLETED WITH

JUN 6 1984

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Files
- Street: North St.
- County: Twin Falls Co.

File Number: 103401

Registration Dist. No.: Files Pre C.

Sex of Child: Male

Date of Birth: July 4th 1922

Father: Wm. Gerald Salsou
Full Name

Mother: Ada Phillips
Full Name

Child described herein has been named:

F. William Snel
Child's Name in Full

- - - - - - - - - - - -

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It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to r[illegible] pensions and inherit property.
8. [illegible]ishes acceptable evidence of [illegible]
9. Right to get married.
10. Just at this time while many of the Ex-[illegible]sh certified copies of certificates [illegible] certificates be filed with the BU[illegible] [illegible]ishing the name

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the [illegible] of each, in order of birth stated.

No. 319.100.043-643 St.

Registration District No. [illegible]

File No. 103402

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD WARREN EDMUND Campbell

Sex of Child Roy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth March 6 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	GEORGE W. Campbell	FULL MAIDEN NAME	Thula Cg withers
RESIDENCE	Damnelly Idaho	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kases Kanses	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at [illegible] M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Emma Stredder

Mid wife (Physician or midwife)

Given names added from a supplemental report.

19

Address Rosehevy Idaho

Filed July 1922

Stella Cam Defy Registrar

Registrar

8-Y CO. 84686

State of Idaho } ss.
County of Valley

Certificate No. [illegible]

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Warn Edmun Campbell (Name on original certificate) who was born (Was born or died) on March 6, 1922 (Date of event)

in Roseberry, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true

facts as shown by Mother (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name of Child	Warn Edmun Campbell	Warren Edmund Campbell
Name of Father	Illegible	George W. Campbell

Subscribed and sworn to before me this 23 day of July, 1941

A. T. Grover

Notary Public, residing at Boise, Ida

My commission expires 12/13/41

[SEAL]

Signed Thula Campbell Geelan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of .....

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

NOV 15 1965

239-719-243-112

PLACE [redacted] STATE OF IDAHO [redacted] Form V. S. No. 11-C-[redacted]

County of [redacted]

City of Re[redacted] 105403

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital Home

FULL NAME OF CHILD Merlin Glen Stredder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	March 19 1922

FATHER		MOTHER	
FULL NAME	Dewey Stredder	FULL MAIDEN NAME	Rosa Nell Jasper
RESIDENCE	Roseberry	RESIDENCE	Roseberry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho.	BIRTHPLACE	Roseberry Idaho
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) 10 30 at 10 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. R. Loomis Nurse (Physician or midwife)

Given names added from a supplemental report.

Address Roseberry

_____ 19 ____

Filed July 1922 Stella Cain Depy Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1959

863-226-663-662

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUL 18 1922

County of Valley
City of Cascade
No. ..... St.
Hospital
Registration District No. 15
Primary Registration District No.
File No. 103404
Registered No.

FULL NAME OF CHILD Margaret Mary Hollinshead
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 26 1922

What bactericidal solution was used in eyes? 1% aq. NO3 Solution

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Earl Stront Hollinshead	FULL MAIDEN NAME	Mabel Jessie Foss
RESIDENCE	Cascade, Idaho	RESIDENCE	Cascade, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wisconsin	BIRTHPLACE	Vollmer, Idaho
OCCUPATION	Plumber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. J. F. Rutledge
(Physician or midwife)

Address Cascade Idaho.

Filed July 1922 Stella Cann
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-222-043-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Roseberry~~ Valley

City of Roseberry

Registration District No. 15

File No. 103405

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital Home

FULL NAME OF CHILD Lillie Rosella Roberson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	April 22 1922

FATHER		MOTHER	
FULL NAME	Lea Robson	FULL MAIDEN NAME	Flora Judith Brownley
RESIDENCE	Roseberry Idaho	RESIDENCE	Roseberry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kans.	BIRTHPLACE	Kans.
OCCUPATION	Laboror	OCCUPATION	house wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) alive

Mrs. M. R. Loomis Nurse
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Roseberry Id

Filed July 1922 Stella Cain

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dup 06 1922-35337

Z — ROBSON

NOT

719.121-043-285

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103406

County of Valley

City of Roscherry

Registration District No. ~~18~~ 15 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Earnest William Gardunia

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	April 21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Blackey Carter Gardunia	FULL MAIDEN NAME	Margret E Sherrow
RESIDENCE	Roscherry ~~46~~	RESIDENCE	Roscherry
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kanasas	BIRTHPLACE	Kansas
OCCUPATION	Black Smith	OCCUPATION	Blacksmith wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 330 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Emma Stredder
Mid wife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Roscherry Idaho

Filed July 1922 Stella Cain
Registrar

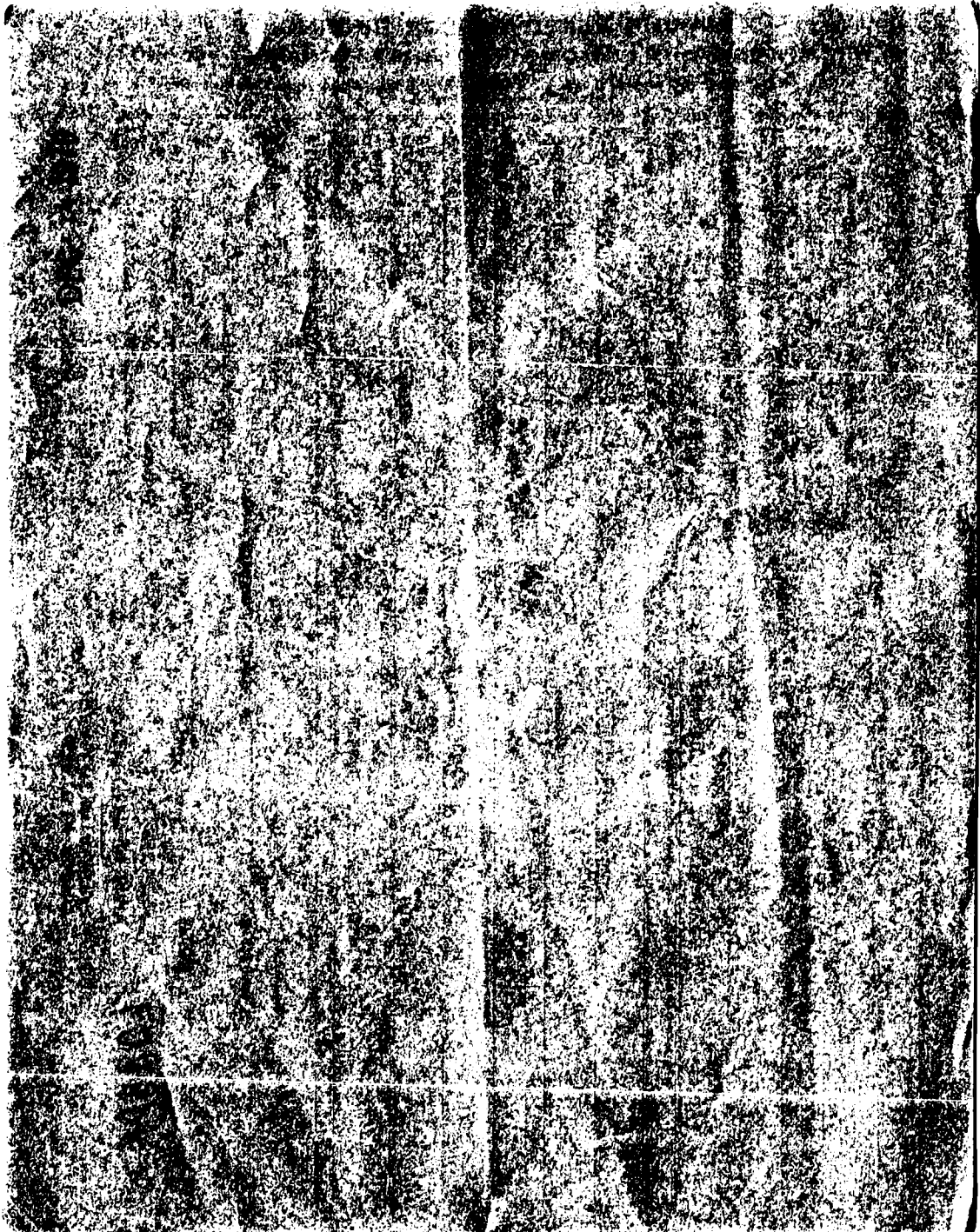
Registrar

2-Y GO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each until the number of each, in order of birth stated.



632-106-043-314

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

County of Valley

City of Roscherry

Registration District No. 15

File No. 103407

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Albert Melvin Olson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	1		6	Yes	April 6 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence Able Olson	FULL MAIDEN NAME	Margret Ann Campbell
RESIDENCE	Roscherry Idaho	RESIDENCE	Roscherry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7:15 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Emma Stredder

mid wife

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Roscherry Idaho

Filed July 1922 Stella Cain

Registrar

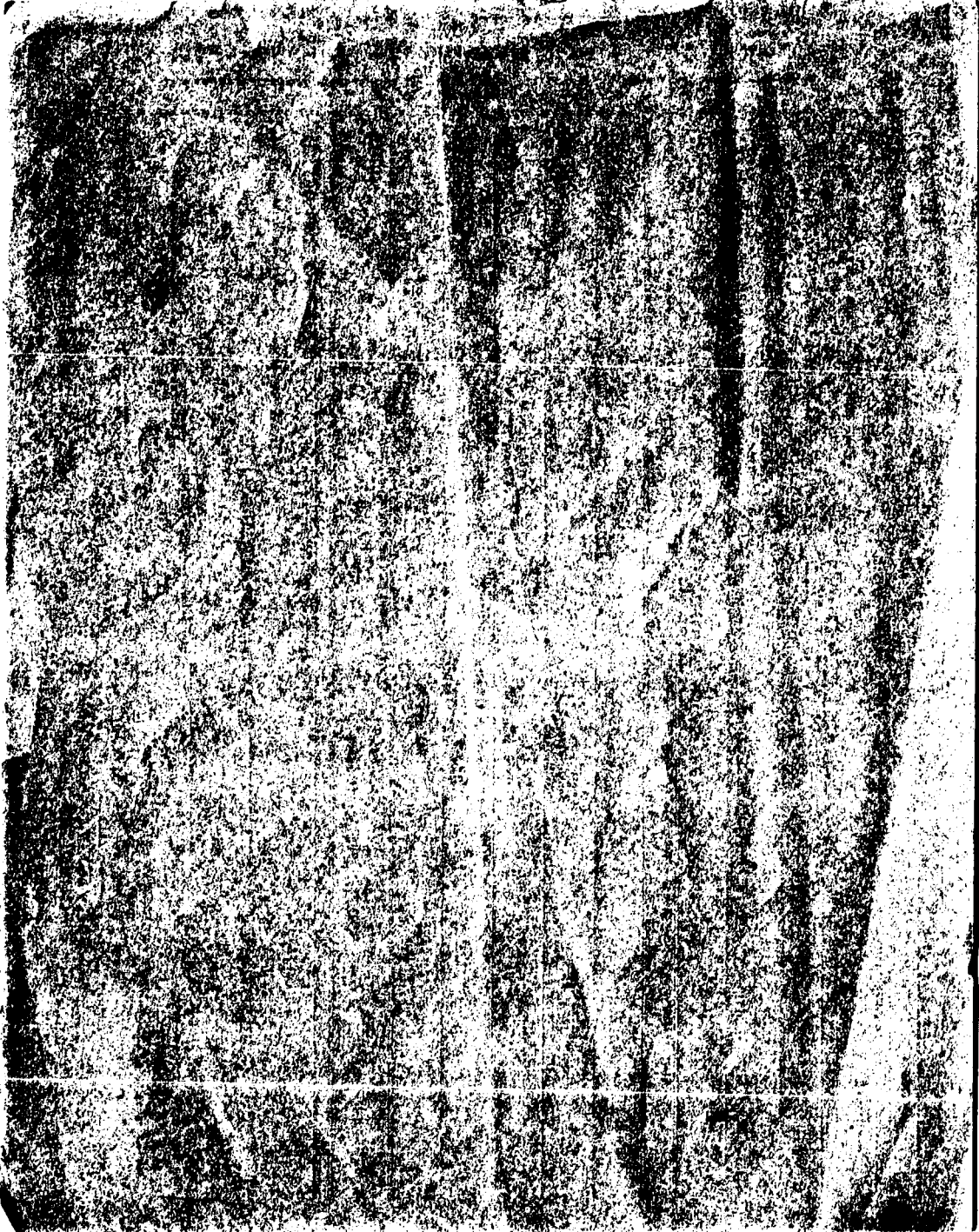
Deputy Registrar

9-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



753-229-043-367

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103408

County of Valley

City of McCall

RECEIVED JUL 13 1922 BUREAU OF VITAL STATISTICS

Registration District No. 15

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Amber May Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth May (Month) 29 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Leonard H Peterson	FULL MAIDEN NAME	Myrtle Copper
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	AGE AT LAST BIRTHDAY 26 (Years)	COLOR	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Labor	OCCUPATION	

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. L. McFall

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed July 1922 Stella Cain

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1944

249410-043653

PLACE OF BIRTH

RECEIVED
JUL 13 192
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Valley

City of 1½ miles west of Arling

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

103409

Registration District No. 15 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Thomas George Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	5/10 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Thomas Greener Smith	FULL MAIDEN NAME	Lillian Bertha Feldtman
RESIDENCE	Arling, Idaho.	RESIDENCE	Arling, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Eaton, Colorado	BIRTHPLACE	Kansas.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. F. Rutledge
(Physician or midwife)

Address Cascade, Idaho

Filed July 1922 Stella Cain
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

964-120:043-631

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103410

County of Valley

City of Cabaton

No. ..... St.

RECEIVED
JUL 13 1922
BUREAU OF VITAL STATISTICS

Registration District No. 15

File No. .....

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Antony Romero
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 20 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Frank Romero	FULL MAIDEN NAME	Emma Olander
RESIDENCE	Cabaton, Idaho	RESIDENCE	Cabaton, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32½
BIRTHPLACE	Mexico	BIRTHPLACE	Wisconsin
OCCUPATION	Teamster	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. J.F. Rutledge
(Physician or midwife)

Address Cascade, Idaho

Filed July 7 1922 Stella Green Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-219-
044-962

PLACE OF BIRTH [redacted] 12 1922 U OF VIT STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103415

County of Washin[redacted]

City of Weiser

No. ..... St.

Registration District No. 86 File No. .....

Hospital .....

Primary Registration District No. 2112 Registered No. 87

FULL NAME OF CHILD Fern Helen Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female				yes	6	19	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag No. 3 1% sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Geo. H. Johnson	FULL MAIDEN NAME	Nellie Rose
RESIDENCE	Weiser, Ida.	RESIDENCE	Weiser, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Styrum, Utah	BIRTHPLACE	Styrum, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:36 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Address .....

Filed 7/9 1922 W. R. Hamilton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

REASONS WHY

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weiser

Street: .....

County: .....

File Number: 103415

Registration Dist. No.: Living on Oregon

Sex of Child: Female

Date of Birth: June 19 1922.

Father: Geo H Johnson (Full Name)

Mother: Nellie Rose Johns (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Fern Helen Johnson.

(Child's Name in Full)

Nellie B. Johnson

(Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-124-044-719

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103416

County of Washington

City of Weiser

No. ..... St. Registration District No. 86 File No. .....

Hospital ..... Primary Registration District No. 1010 Registered No. 73

FULL NAME OF CHILD Charles William Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	4-24-1922

What bactericidal solution was used in eyes? Ag No. 3 1% sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm Wells Smith	FULL MAIDEN NAME	Eva Maude Parriott
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Weiser Ida.	BIRTHPLACE	Minot N. Dakota.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest B. Finney
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed 7/9 1922 W. P. Hamilton D.H. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818803-044-368

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103417

County of Washington

City of Weiser

No. ____ St.

Registration District No. 86 File No. ____

Hospital ____ Primary Registration District No. 2112 Registered No. 76

FULL NAME OF CHILD Betty Anne Stay
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	5-3-1922

What bacteriolidal solution was used in eyes? Ag No 3 1% sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wm A. Stay	FULL MAIDEN NAME	Myrtle Anne Lloyd
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Linton, Oregon.	BIRTHPLACE	Mitchell Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:52 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Fiemsen
Physician
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/9 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613.202.044-919

PLACE OF BIRTH

RECEIVED
JUL 12 19[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 10818

Primary Registration District No. 2112 Registered No. 74

FULL NAME OF CHILD Barbara Jeannette Watson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	5 2 1922

What bacteriocidal solution was used in eyes? Arg. Nit. 1% sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert Platt Watson	FULL MAIDEN NAME	Helen Paine
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	London Ohio.	BIRTHPLACE	Indianola Nebr.
OCCUPATION	Dairyman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:[illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Ernest O. Finney

Physician
(Physician or midwife)

Address .....

Filed 7/9 1922 W. P. Hamilton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1942

141-217-04K-813

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103419

County of Washington

City of Weiser

No. ____ St.

Hospital ____

Registration District No. 86

Primary Registration District No. 2112

File No. ____

Registered No. 76

FULL NAME OF CHILD Sarah Ethel Adams

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	5 - 17 - 1922

What bactericidal solution was used in eyes? Ag. No. 3 1% sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Quincy Adams	FULL MAIDEN NAME	Mary Alice Hall
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Carthage Missouri	BIRTHPLACE	Milo Iowa.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 1:35 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/9 1922

W. S. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-225-044-249

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103420

County of Washington

City of Weiser

No. ..... St.

Hospital

Registration District No. 86

Primary Registration District No. 1010

File No.

Registered No. 77

FULL NAME OF CHILD Thelma Vaughn Cowper
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	2-25-1922

What bactericidal solution was used in eyes? Arg. Nit. 2% sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ernest Robert Cowper	FULL MAIDEN NAME	Mary Lillie
RESIDENCE	Weiser, Ida.	RESIDENCE	Weiser, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Redcloud Nebr.	BIRTHPLACE	Wakefield Kas.
OCCUPATION	Trapper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:08 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/9 1922

W. A. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1943

249-103-044-791

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 12 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 203 E. 3rd St.

Registration District No. 86 File No. 103421

Primary Registration District No. 1010 Registered No. 78

Hospital

FULL NAME OF CHILD Vernal Leo Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Holmes Smith	FULL MAIDEN NAME	Maria Grammes
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ill	BIRTHPLACE	Astoria Ore
OCCUPATION	Agent P & I N Ry	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Filed 7/9 1922

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-206-044-469

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Registration District No. 86

File No. 103422

Hospital ____

Primary Registration District No. [redacted]

Registered No. 79

FULL NAME OF CHILD Jeane Marguerite Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes.	6 – 6 – 1922

What bacteriolidal solution was used in eyes? Ag. No. 3 10 per cent.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Arthur R. Williams	FULL MAIDEN NAME	Alma Mowry
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Nevada	BIRTHPLACE	Nevada
OCCUPATION	Book-keeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:50 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.
(Physician or midwife)

Address Weiser, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/9 1922 W. L. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...BUREAU OF ... DEPARTMENT OF PUBLIC WELFARE
STATISTICS

Boise, Idaho, AUG 7 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope...

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weiser

Street: 735 N. 2nd

County: Washington

File Number 103422

Registration Dist. No. .....

Date of Birth June 6 1922.

Sex of Child Female

Father Arthur Roy Willian (Full Name)

Mother Alma Marguerite Mo (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Juana Marguerite (Child's Name in Full)

Mrs. Arthur R. Willian (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103423

County of Washington
City of Weiser
No. ..... St.
Hospital .....

Registration District No. 86 File No. .....
Primary Registration District No. 1010 Registered No. 88

FULL NAME OF CHILD Paul Thomas Moore
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	6 - 23 1922

What bactericidal solution was used in eyes? Ag No 3 1% sol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Theodore H. Moore	FULL MAIDEN NAME	Mary H. Morris
RESIDENCE	Ontario Ore.	RESIDENCE	Ontario Ore.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Yale Michigan	BIRTHPLACE	Weiser Ida
OCCUPATION	Hotel Manager	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:32 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed 7/9 1922 W. P. Hamilton D.D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1948

465-128-044-632

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103424

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

County of Washington
City of Weiser
No. ..... St. .....
Hospital .....
Registration District No. 86 File No. .....
Primary Registration District No. 212 Registered No. 90

FULL NAME OF CHILD Kathleen Dean Monteith
(Certificate of no value without full name of child.)

Sex of Child Male	**Twin, Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes.	**Date of birth** 6 (Month) – 28 (Day) ....1922 (Year)	

What bacterioidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Charles B. Monteith	Grace Olson
RESIDENCE	Weiser Idaho.	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	Idaho.	Nebraska
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.
(Physician or midwife)

Address Weiser Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/9 1922 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318.202.04K-492

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103425

County of Washington

City of Weiser

No. ____ St.

Hospital

Registration District No. 86

Primary Registration District No. 2112

File No.

Registered No. 72

FULL NAME OF CHILD Maxine Lorain Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	4 2 1922

What bactericidal solution was used in eyes? Ag No3 1% sol

Number of child of this mother, including present birth: 1 Number of child of this mother now living, including present birth: 1

FATHER		MOTHER	
FULL NAME	Melvin Park Taylor	FULL MAIDEN NAME	Frances Hishion
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Clayton Idaho.	BIRTHPLACE	Overton Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:21 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest A. Furness
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7/4 1922

W. E. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1958

155-225-044-265

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103426

County of Washington

City of Weiser

No. ..... St.

Registration District No. 86 File No. .....

Hospital ..... Primary Registration District No. 2112 Registered No. 89

FULL NAME OF CHILD Ellen Cornelia Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	June 26 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chris Jensen	FULL MAIDEN NAME	Gertrude Swanson
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Norway	BIRTHPLACE	Norway Iowa
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Address Weiser Ida

Filed 7/9 1922 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

Certified Copy issued November 7, 1940. E.W.

819-109-044-469

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JUL 12 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103427

County of Washington

City of Weiser

Registration District No. 86 File No.

No. St.

Primary Registration District No. 2112 Registered No. 80

Hospital

FULL NAME OF CHILD Ernest Franklin Yardley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John T. Yardley	FULL MAIDEN NAME	Lizzie Morrison
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ore.	BIRTHPLACE	S. Dak
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Waterhouse

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser Ida

Registrar

Filed 7/9 1927

W. R. Hamilton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

997110-044-855

Form V. S. No. 11-C—25m-7-21-19

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 103428

No. ..... St.

Primary Registration District No. 242 Registered No. 81

Hospital .....

FULL NAME OF CHILD Cleo Marshall Riggs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June 10 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Theodore R Riggs	FULL MAIDEN NAME	Jeanette Hendry
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Registrar

Filed 7/9 1922 W. P. Hamilton
D.H. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/29/41 L. B.

266-212-044-356

1146

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103429

County of Washington
City of Weiser
No. Institute Road
Hospital

Registration District No. 86 Amended 9/16/76
Primary Registration District No. 2112

File No.
Registered No. 82

FULL NAME OF CHILD Helen Marie Bowen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	#		3	Yes	6	12	22

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James L. Bowen	FULL MAIDEN NAME	Malina Leonard
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	South Dakota	BIRTHPLACE	Indiana
OCCUPATION	Blacksmith	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.
(Physician or midwife)

Give names added from a supplemental report.

Address Weiser, Idaho

, 19

Registrar.

Filed 7/9 1922 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 6 1960

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 103429

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Hellen Marie Bowen (Name on Original Certificate) who was born (Was Born or Died) on June 12, 1922 (Date of Event)
in Weiser (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Hellen Marie Bowen	Helen Marie Bowen

Subscribed and sworn to before me this 16th day of September, 1976.

Notary Public, residing at Boise Idaho
My commission expires Sept 29 1979
(Seal)

X Signed Edna Malley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5205 Targee #24 Boise, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

In office 9/14/76 ~~(no corres.)~~

Own child's birth certificate #53-7568 on file Idaho for Daniel Ray Schledewitz born June 11, 1953 gives mother as Helen Marie Bowen. --Viewed by VS

Marriage License issued by the State of Idaho 10 June 1940 gives the Bride's name as Helen Marie Bowen. V.S.

SEP 16 1976

71X-113-04X-753

PLACE OF BIRTH

RECEIVED
JUL 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103430

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 96 File No. .....

Primary Registration District No. 1910 Registered No. 83

FULL NAME OF CHILD Robert Wesley Caulkin

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6-13-1922

What bactericidal solution was used in eyes? Arg. Nit. 1% sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lloyd Caulkin	FULL MAIDEN NAME	Mary Pettit
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Coal-miner	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn, at 9:15 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton - M. D.

(Physician or midwife)

Address Weiser, Idaho

Filed 7/9 1922 W. R. Hamilton Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-214-044-318

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 12 1922 BUREAU

CERTIFICATE OF BIRTH

103431

County of Washington

City of Weiser

No. ..... St.

Registration District No. 86 File No. .....

Hospital .....

Primary Registration District No. 2112 Registered No. 84

FULL NAME OF CHILD Berda Irene Firkins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	June 14 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ernest Firkins	FULL MAIDEN NAME	Alice Taylor
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mich
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nonaline, at 3 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walchover
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Weiser Ida

Filed 7/9 1922 W. P. Hamilton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-216-04K-318

RECEIVED JUL 12 1922

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 836 E Liberty St.

Registration District No. 86 File No. 103432

Hospital

Primary Registration District No. 1010 Registered No. 85

FULL NAME OF CHILD Bertha Louise Allebery
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	June 16 1922

What bactericidal solution was used in eyes? boric acid

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Stephen T. Allebery	FULL MAIDEN NAME	Carrie Taylor
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Nebr	BIRTHPLACE	Okla
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Weiser Ida

Filed 7/9 1922 W. G. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1974

1147

319-119-044-453

PLACE OF BIRTH

RECEIVED JUL 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103433

County of Washington

City of Sunnyside

No. ..... St.

Hospital .....

Registration District No. 86 File No. .....

Primary Registration District No. 2112 Registered No. 86

FULL NAME OF CHILD Archie Milton Larson Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	#		3	Yes	6	19	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Archie Milton Larson	FULL MAIDEN NAME	Alzada Detlor
RESIDENCE	Sunnyside, Idaho	RESIDENCE	Sunnyside, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certi[illegible]nded the birth of this child, who was born alive, at 11.45p M.
on the date abov[illegible] (Born alive or stillborn)

*When the [illegible]nding physician or midwife, then [illegible] householder, etc., should make th[illegible] stillborn child is one that neithe[illegible]or shows other evidence of life afte[illegible]

(Signature) C. B. Shirley, M. D.

(Physician or midwife)

Give names added [illegible] supplemental report.

Address Weiser, Idaho.

....., 19....

Registrar.

Filed 7/4 1922 W. R. Hamilton DH Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1942

847-112-014-236

PLACE OF BIRTH

RECEIVED AUG 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form VI-5 No.

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No.

No. 1312 4th St So. St.

Primary Registration District No. 1006

Registered No.

Hospital

FULL NAME OF CHILD Paul S. Hughes

U. S. VITAL STATISTICS AUG 7 SEATTLE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	7 12 1922

FATHER		MOTHER	
FULL NAME	Sheridan D. Hughes	FULL MAIDEN NAME	Alice M. Scofield
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	W. Virginia	BIRTHPLACE	Ill.
OCCUPATION	Student	OCCUPATION	H Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Robinson M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 4th & 14th Ave So Nampa

Filed Aug. 18 1922 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

I 6/4/41 L. B.

Dep of 1922 - 103730

PLACE OF BIRTH

County of Ada

533-229-001-238

City of Boise

No. R43

Hospital

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No.

Primary Registration District No. 2048

File No. 103443

Registered No. 54

Full Name of Child MILDRED JEAN Elley

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			8 29 1922

FATHER	MOTHER
FULL NAME: Walter Elley	FULL MAIDEN NAME: Lavina Schwabner
RESIDENCE: Boise Ida	RESIDENCE: Boise, Ida
COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Ore	BIRTHPLACE: Ore
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 845 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

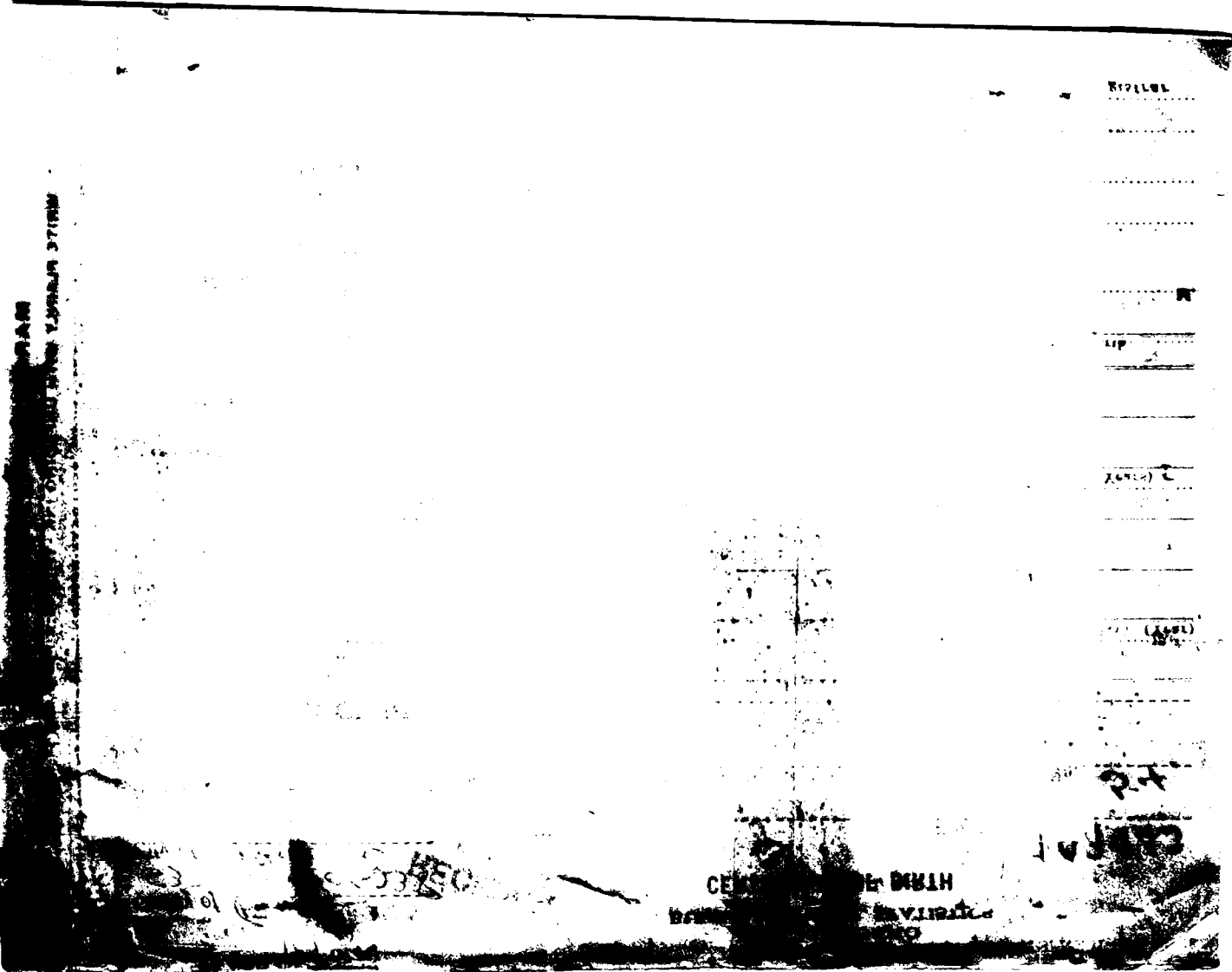
Registrar

Address 407 Ida Bldg

Filed Aug 29 1922

R. H. Pratt
Registrar

N. B.—In case of more than one child at birth, the [illegible]



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 103445

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for - - Elley (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on August 29, 1922 (DATE OF EVENT) in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by his own knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	- - Elley	Mildred Jean Elley

Subscribed and sworn to before me this 24th day of January, 1942

Notary Public, residing at Auburn

My commission expires Jan. 6, 1945
(SEAL)

Signed Walter Elley
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Algona, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of January, 1942

Notary Public, residing at Auburn

My commission expires Jan. 6, 1945
(SEAL)

Signed Lavina Elley
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Algona, Wash.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN [illegible] By .....
(REGISTRAR'S SIGNATURE)

384-209-001-133

PLACE OF BIRTH

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle Schools District

Registration District No. ~~2~~ 8 File No. 103444

No. ..... St.

Primary Registration District No. 2008 Registered No. 53

Hospital .....

FULL NAME OF CHILD Wilma Addie Church

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Aug 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo S. Church	FULL MAIDEN NAME	Mary E Allen
RESIDENCE	Near Eagle	RESIDENCE	Near Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Registrar

Filed Aug 24 1922 R. H. Pratt Registrar

Credes John M used in ... es.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 18 1944

413-205-00-413

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise, Registration District No. 8 File No. 103445

No. R.4, — St.

Primary Registration District No. 1008 Registered No. ~~537~~ 52

Hospital —

FULL NAME OF CHILD Rosie Matyjerich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—			yes	Aug. 2 1922

FATHER

FULL NAME: Mark Matyjerich

RESIDENCE: R.D 4, Boise

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Austria

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Tonka Antonea Malinkovich

RESIDENCE: R.D 4, Boise

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Austria

OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:00 P. M. on the date above stated.

(Signature) M. H. Coldman
Physician
(Physician or midwife)

Address —

Filed Aug 17 1922

R. M. Peck
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

—— 19——

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1952

55-104-001266

PLACE OF BIRTH

RECEIVED
SEP 1 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103446

County of Ada
City of Boise
No. 3/4 mi N. Ustick Registration District No. 8 File No.
Hospital Primary Registration District No. 2008 Registered No. 51

FULL NAME OF CHILD Charles Kelland Evans
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Aug. 4 1922

What bacterioidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Chas. W. Evans	FULL MAIDEN NAME	Mamie E. Bower
RESIDENCE	Boise, R.D. #2, Idaho	RESIDENCE	R. D. #2, Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2^00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Brattain M.D.
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 26 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

851-220-00-76

PLACE OF BIRTH

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103447

County of Ada

City of Boise

No. R D # 5 St. Registration District No. 8 File No.

Hospital Primary Registration District No. 2008 Registered No. 50

FULL NAME OF CHILD ~~Alice~~ Margaret Healey

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 20 1922

What bactericidal solution was used in eyes? argyrol 10 %

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Guy Healey	FULL MAIDEN NAME	Sylvia Pierce
RESIDENCE	Boise R D # 5	RESIDENCE	Boise R D # 5
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Boise Idaho	BIRTHPLACE	St. Charles Mo
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

(Signature) P. P. French M D

(Physician or midwife)

Address 417 Overland Bldg. Boise Idaho

Filed Aug 17 1922 R. N. Peck Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Contra Costa }

Certificate No. 103447
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Dollie Margaret Healey (Name on original certificate) who was born (Was born or died) on June 20, 1922 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by bible record (Bible record, insurance policy, etc.) prepared on June 30, 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Dollie Margaret Healey	Alice Margaret Healey

Subscribed and sworn to before me this 16th
day of May, 1941

Signed Mrs. Sylvia E. Healey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) (mother)

Notary Public, residing at Alberta Calif
My commission expires Dec 7, 1943
[SEAL]

1214 So 58th St. Richmond, Calif
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California } ss.
County of Los Angeles }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of May 19, 1941

Signed Thelma L Healey
(Signature of any credible person other than the previous affiant)

Notary Public, residing at 6914 Livingston Ave Los Angeles County, Calif.
My commission expires March 13, 1943
[SEAL]

1129 North Orange Drive, L. A.
(Street Address, City, State)

Received for filing on MAY 22 1941 by
(Registrar's signature)

295127.001-258

PLACE OF BIRTH

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103448

County of Ada

City of Boise

No. Near Cole School

Registration District No. 8 File No.

Hospital

Primary Registration District No. 2008 Registered No. 49

FULL NAME OF CHILD James E Kincaid
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	May 27 1922

What bactericidal solution was used in eyes? Silvol 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	L E Kincaid	FULL MAIDEN NAME	Flora Snyder
RESIDENCE	Bench N. Cole sch	RESIDENCE	Bench N. Cole sch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Salesman Butcher	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4 30 P M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Parker

(Physician or ~~midwife~~)

Address [illegible] Pla

Filed Aug 17 1922 R. H. Prather
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

KINCAID

Dup of 1922 - 270024

433.209.00-168

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103449

County of Ada

City of Boise

Registration District No. 2 File No.

No. 404 S 3- St.

Primary Registration District No. 1004 Registered No. 358

Hospital

FULL NAME OF CHILD Josephine E Mc Carroll

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	Aug 9 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph E Mc Carroll	Lorene Johnson
RESIDENCE	404 S 3-	404 S 3-
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	23
BIRTHPLACE	Minn.	Mo.
OCCUPATION	mechanic-	House wife.

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) [signature]

(Physician or ~~midwife~~)

Address [signature]

Filed Aug 24 1922 [signature]

Registrar

Credes Solution used in eyes.

635-116-04-753

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 103450

No. 1310 W Bannock St.

Primary Registration District No. 1004 Registered No. 357

Hospital

FULL NAME OF CHILD Lloyd Clarence Fletcher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes.	Aug 16 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lloyd G Fletcher	FULL MAIDEN NAME	Hazel L Peters
RESIDENCE	1310 W Bannock	RESIDENCE	1310 W Bannock
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ore
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos Boick

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Boise Ida

Filed Aug 23 1922 R. H. Pratt Registrar

Registrar

Credes Solution used in eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1942

JAN 20 1971

NOV 21 AON

669-221-001-252

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103451

County of Ada

City of Boise

Registration District No. 2 File No.

No. 2 St.

Hospital St Lukes. Primary Registration District No. 1004 Registered No. 356

FULL NAME OF CHILD Lillis Fay Worthington

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes.	Aug 21 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. E. Worthington	Lillis D Sessions.
RESIDENCE	414 South 4th	414 South 4th
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	18
BIRTHPLACE	~~Wyo~~ Idaho	Wyo.
OCCUPATION	Vulcanizer	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 3 P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) John Bauer

(Physician or midwife)

Address

Filed Aug 23 1922 R. H. Registrar

Credes Solution used in eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 4 1975

845-122-001-349

PLACE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2509 Mad, St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 103452

Registered No. 355

Full Name of Child Robert Eugene Querry

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		yes	8 22 1922

FATHER		MOTHER	
FULL NAME	Robert Querry	FULL MAIDEN NAME	Edna Turner
RESIDENCE	Boise Ida	RESIDENCE	Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Colo	BIRTHPLACE	Colo
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs

M W
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address 402 Idaho Bldg

Filed Aug 24 1922

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Primary Registration District No. ...

Registration District No. .....

STATE OF ID
BUREAU OF VITAL

CERTIFICATE O

Full Name of Child .....

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number and in order of birth	Legitimate?

FATHER		MAIDEN NAME
FULL NAME		
RESIDENCE		RESIDEN
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR
BIRTHPLACE		BIRTH
OCCUPATION		OCC

Number of child of this mother, including present birth ..... Number of

CERTIFICATE OF ATTENDING PHYSICI

I hereby certify that I attended the birth of this child, who was ..... (Born alive or
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

.....
(Physician or midwife)

Address .....

Filed ..... 19....

Registrar

Given names added from a supplemental report

..... 19....

.....
Registrar

SEP 25 1922
BUREAU OF VITAL STATISTICS

Registration Dis Boise, Idaho, ... 192...

St.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. ... of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City ....Boise....
Street ..2509 Madison...
County ...Ada....

File Number ....103452....

Registration Dist. No. .....

Sex of Child ....Male....

Date of Birth ..Aug. 22....192.2

Father ..Robert V. Querry.. Full Name

Mother ..Edna May Turner.. Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..Robert Eugene Querry.. Child's Name in Full

..Mrs. Robt. V. Querry.. Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

649/22-001-455

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 606 Grove St. Registration District No. 2 File No. 103453

Hospital Primary Registration District No. 1004 Registered No. 354

FULL NAME OF CHILD Joseph Odiago
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	5 (To be answered only in event of plural births)	Yes	8 / 22 1922

What bactericidal solution was used in eyes? Nitrate Silver

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Josa Domingo Odiago	FULL MAIDEN NAME	Tuna Mendosda
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger M.D.
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Aug 21 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 103452

County of Ada } Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Unnamed Odiaga (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug 22, 1922 (DATE OF EVENT)

in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ✓ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Joseph Odiaga

Subscribed and sworn to before me this 14 day of Feb, 1941

Notary Public, residing at Boise Idaho

My commission expires 11-12-44

(SEAL)

Signed Fred. A. Pierce Jr.

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

669-117-001-859

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. R I #1 St.

Registration District No. 2

File No. 103454

Hospital St Alphonse

Primary Registration District No. 1004

~~Registered No.~~

FULL NAME OF CHILD Myrl Roland Ford
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	8/17/1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Chas Ford	FULL MAIDEN NAME	Florence Hersh
RESIDENCE	R I #1 Riverside	RESIDENCE	R I #1 Riverside
COLOR	W. AGE AT LAST BIRTHDAY 46 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Mass	BIRTHPLACE	Neb
OCCUPATION	Lumber Grader	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettingier
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Overland Bldg Boise Id

Filed Aug 18 1922

R. H. Pratt Registrar.

SEVE

BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: St. Alphonsus Hospital

County: Ada

File Number: 103454

Registration Dist. No.:

Date of Birth: August 1st, 1922.

Sex of Child: Male

Father: Charles Ford
Full Name

Mother: Florence Lilian Ford
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Boyd Roland Ford
Child's Name in Full

Charles Ford
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

993.215-004-365

PLACE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2

File No. 103455

Hospital St. Alphonsus

Primary Registration District No. 1004

Registered No. 352

FULL NAME OF CHILD Martha Lodema Richardson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
7	—		—	yes	Aug. 15th 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% sol. silver nitrate

Number of child of this mother, including present birth one Number of child of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	Richard Richardson	FULL MAIDEN NAME	Ploomie Long
RESIDENCE	2417 Ellis Ave	RESIDENCE	2417 Ellis Ave
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	~~Ohio~~ Colorado	BIRTHPLACE	Ohio
OCCUPATION	Moulder (Iron)	OCCUPATION	Hwife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 2 18 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address 317 Overland Bldg. Boise

Filed Aug 17 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 30 1943

PLACE OF BIRTH

133/120 98/433

County of Ada

City of Boise

No. ____ St.

Hospital St. Alph.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103456

Registration District No. 2 File No. ____

Primary Registration District No. 1004 Registered No. 351

FULL NAME OF CHILD Allen · GLENN RODNEY ALLEN, JR.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		1	Yes	8 / 20 / 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Glenn C. Allen	FULL MAIDEN NAME	June McCammon
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1145 A. M. on the date above stated.

(Signature) Fred A. Pettenger M.D.

Physician (Physician or midwife)

Address ____

Filed Aug 31 1922 R. H. Rath Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 103456

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Glenn Rodney Allen (Name on Original Certificate) who was Born (Was Born or Died) on August 20 1922 (Date of Event)
in St Alphonsus Hospital (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible & Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Jan 24th 1927 (Give Date) Policy are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Allen	Glenn Allen Jr. Glenn Rodney Allen Jr. Born in Boise Idaho

Subscribed and sworn to before me this Fifth
day of March, 1942

Grace S. Plover

Notary Public, residing at Oakland, Calif.

My commission expires May 31, 1942
(Seal)

Signed Mrs June Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2726 Humbolt Ave Oakland Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Fifth
day of March, 1942

Grace S. Plover

Notary Public, residing at 3921 Magnolia

My commission expires May 31 1942
(Seal)

Signed Mrs. Chas Allen grand mother
(Signature of Any Credible Person Other Than Previous Year)

3634 Brown Ave, Oakland
(Street Address, City, State) Calif.

MAR 1 2 1956

434-210 001-343

PLACE OF BIRTH

RE[redacted]WELFARE
SE[redacted]STICS
BUREA[redacted]IRTH
ST[redacted]
Reg[redacted]File No. 103457

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 357

FULL NAME OF CHILD Agnes Rachel McDonald
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug (Day) 10 (Year) 1922
F		Yes	

What bactericidal solution was used in eyes? Argent Nit 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edward McDonald	FULL MAIDEN NAME	Marie Tucker
RESIDENCE	Garden Valley	RESIDENCE	Garden Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Pan Yan New York	BIRTHPLACE	Boise, Idaho
OCCUPATION	Miner & Vaucher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug 10, at 1:15 A M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers, Sr.
(Physician or midwife)

Address Boise, Idaho

Filed Aug 17 1922 R. H. Pratt
Registrar

Give names added from a supplemental report.

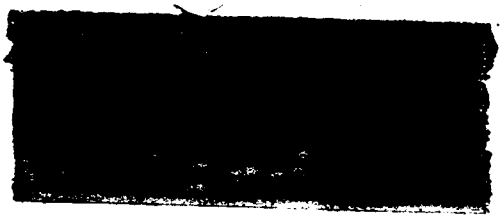
....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



FEB 14 1961

OCT 28 1966

DECEASED

816-113-001257

PLACE OF BIRTH

RECEIVED
SEP 27 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Registration District No. 2

File No. 103458

Hospital St. Alphonsus

Primary Registration District No. 1004

Registered No. 379

FULL NAME OF CHILD Robert B. Haworth

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Aug. 13 1922

What bactericidal solution was used in eyes? Silver Nit. 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robert B. Haworth	FULL MAIDEN NAME	Florence Beamer
RESIDENCE	Ogden, Utah	RESIDENCE	Ogden, Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	With Bonding Firm	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug. 13 th, at 3 a. M. **on the date above stated.**

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Jos. R. Numaros Sr.

(Physician or Midwife)

Address Boise Idaho

Filed Aug 17 1922 E. N. Craft
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

499-210 09-253

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

i

County of Ada

City of Boise

No. ____ St.

Hospital St Lukes

Registration District No. 2

Primary Registration District No. 1004

File No. 103459

Registered No. 27

FULL NAME OF CHILD Harriet Lucile Driscoll

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes	Aug 10 1922

What bactericidal solution was used in eyes? Silver Nit 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John L. Driscoll	FULL MAIDEN NAME	Rachel Kellogg
RESIDENCE	Boise Ada	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Iowa
OCCUPATION	Banker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug. 10, at 11:45 A.M. (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers Sr.

(Physician or Midwife)

Address Boise Idaho.

Filed Aug 17 1922 R. N. Pratt

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

FEB 1 5 1973

FEB 3 1944

749-113-00-319

PLACE OF BIRTH

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103460

County of Ada

City of Boise

No. ..... St.

Registration District No. 2

File No. .....

Hospital St. Alph,

Primary Registration District No. 1004

Registered No. 347

FULL NAME OF CHILD John Carson Purfeed

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	Aug 13th 1922

What bactericidal solution was used in eyes? Nitr. Silv. 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Emmett J. Purfeed	FULL MAIDEN NAME	Helen Carson
RESIDENCE	Boise, 2408 Woodlawn	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill.
OCCUPATION	Gov Service	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug 13, at 2:30 P.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers, Jr.

(Physician or midwife)

Address Boise Ida

Filed Aug 17 1922 R. N. Bach

Registrar.

Give names added from a supplemental report.

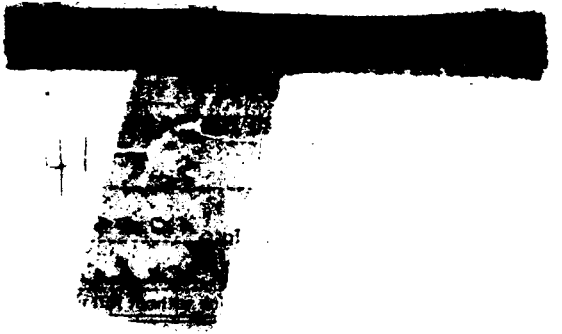
....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



AUG 5 1942

Dup of 1922.103476

653-214-001-312

PLACE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2

File No. 103461

Hospital St. Alphonsus

Primary Registration District No. 1004

Registered No. 346

FULL NAME OF CHILD Nina Jane Welch

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug. (Day) 14 (Year) 1922
F		Yes	

What bactericidal solution was used in eyes? Silver Nit 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	~~John~~ JEFF D. Welch Jr.	FULL MAIDEN NAME	Nina Caswell
RESIDENCE	Idaho, Homedale	RESIDENCE	Homedale, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Mich.
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug. 14 at 7:30 a M. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers, Sr.

(Physician or midwife)

Address Boise, Idaho

Filed Aug 17 1922 R. H. Pratt

Registrar.

Give names added from a supplemental report.

....., 19....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 31 1955
MAR 17 1970
NOV 29 1972

21X-241-001-413

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103462

County of Ada

City of Boise

No. 1508 State St. Registration District No. 2 File No.

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 345

FULL NAME OF CHILD Kathleen Ann Baum
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fe		Yes	8/11 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Joe B Baum	FULL MAIDEN NAME	Louise Mathers
RESIDENCE	1508 State St	RESIDENCE	1508 State St
COLOR	W AGE AT LAST BIRTHDAY 46 (Years)	COLOR	W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Colo
OCCUPATION	Contractor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pittenger
Physician
(Physician or midwife)

Address Overland Bldg Boise

Filed Aug 17 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1976

259-229:001-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103463

County of Ada

City of Boise

No. ..... St.

Registration District No. 2

File No. .....

Hospital St Lukes

Primary Registration District No. 1004

Registered No. 347

FULL NAME OF CHILD Doris Alleene Berry

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) July (Day) 29 (Year) 192 2
F			

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Edw Berry	FULL MAIDEN NAME	Janet Claston
RESIDENCE	Idaho City	RESIDENCE	Idaho City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mo
OCCUPATION	Logger	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 17 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1972

445-103-001-216

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Ada

City of Boise

No. 620 Main St.

Hospital

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 103464

Primary Registration District No. 1004 Registered No. 343

FULL NAME OF CHILD Eddy Umeda

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		YES	Aug 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry H Umeda	FULL MAIDEN NAME	H. Kawamoto
RESIDENCE	620 Main	RESIDENCE	620 Main
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise Ida

Registrar

Filed Aug 17 1922 R. H. Pratt Registrar

Credes Solution used

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-131-004-555

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

County of Ada
City of Boise
No. 1202 E Washington
Hospital
Registration District No. 2
Primary Registration District No. 1004
File No. 103465
Registered No. 242

FULL NAME OF CHILD Paul C. Brewer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	July 31 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Paul Brewer	FULL MAIDEN NAME	Louise Eberhart
RESIDENCE	1202 E Washington	RESIDENCE	1202 E Washington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ill.	BIRTHPLACE	Ill
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louise Brewer

(Physician or midwife)

Address Boise Ida

Filed Aug 17 1922 R. N. Gray
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP - 9 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

File Number: 103465

Street: 1202 E Washington

Registration Dist. No. .....

County: Ada

Date of Birth: July 31 192.2

Sex of Child: Male

Father: Paul B Brewer (Full Name)

Mother: Louise Everhart Brewer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Noel C Brewer

Child's Name in Full

Louise Everhart Brewer

Signature of Father or Mother

AUG 8 19[illegible]

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

652-204-00-816

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2612 Woodlawn St.

Hospital

Primary Registration District No. 1004 Registered No. 3

File No. 103466

FULL NAME OF CHILD Marjorie Ethel Webster

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Aug (Month) 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Geo R Webster	FULL MAIDEN NAME	Hattie B Hawley
RESIDENCE	2612 Woodlawn	RESIDENCE	2612 Woodlawn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ore.
OCCUPATION	R R. Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise Ida

Filed Aug 17 1922 R. H. Pratt

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 14 1955

1/27/81 L. B.

219-104 [illegible]

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103467

County of Ada

City of Boise

No. 1617 N 24 St.

Registration District No. 7 File No.

Hospital The Salvation Army Maternity Hond

Primary Registration District No. 1004 Registered No. 340

FULL NAME OF CHILD Kenneth Ward Barton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1 (To be answered only in event of plural births)	No	Aug 4 1922

What bactericidal solution was used in eyes? Yes Argyrol 20%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Robert Sweet	FULL MAIDEN NAME	Agness Barton
RESIDENCE	Toy	RESIDENCE	Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Pocatello, Ida	BIRTHPLACE	Iola Kan
OCCUPATION	Photographer	OCCUPATION	Photographer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C Ward
Physician
(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Aug 17 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

191-131-00-43

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103468

County of Ada

City of Boise

No. ..... St. Registration District No. 2 File No. .....

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 339

FULL NAME OF CHILD Robert Ray Grant
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 31 1922

What bactericidal solution was used in eyes? Silver Nitrate & Normal Salt sol.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert E. Grant	FULL MAIDEN NAME	Thelma Fay Matteson
RESIDENCE	Murphy Idaho	RESIDENCE	Murphy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Boise Idaho	BIRTHPLACE	Heppner Oreg.
OCCUPATION	Freight hauler	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5.15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French MD
(Physician or midwife)

Address 417 Overland Bldg. Boise Ida

Filed Aug 17 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

...E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20 1941

[redacted]

291-115-001-319

PLACE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103469

County of Ada

City of Boise

No. 419 So 12 St.

Registration District No. 2 File No.

Hospital Primary Registration District No. 1004 Registered No. 339

FULL NAME OF CHILD Donald Robert Krahn

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	July 15 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth. 1 Number of children of this mother now living, including present birth. 1

FATHER	MOTHER
FULL NAME Robert H. Krahn	FULL MAIDEN NAME Edith May Carter
RESIDENCE 419 So 12 St. Boise	RESIDENCE 419 So 12 St. Boise
COLOR White	COLOR White
AGE AT LAST BIRTHDAY (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Nassau Nis.	BIRTHPLACE Nez. Perce Ida.
OCCUPATION Laborer	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French M. D.

(Physician or midwife)

Address 417 Overland Bldg. Boise Ida

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Aug 17 1922 R. M. Stadt

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25 7H 41001-752

PLACE OF BIRTH

RECEIVED
SEP 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2

File No. 103470

Hospital St. Alphonsus

Primary Registration District No. 1004

Registered No. 337

FULL NAME OF CHILD John George Kepros
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) July (Day) 14 (Year) 1922
Male		yes	

What bactericidal solution was used in eyes? Silver Nitrate and Normal Saline

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George N Kepros	FULL MAIDEN NAME	Fannie Peschu
RESIDENCE	Boise Idaho Box 702	RESIDENCE	Boise Idaho Box 702
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Greece	BIRTHPLACE	Greece
OCCUPATION	Stockraising and Farming	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French M D.

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address 417 Overland Bldg Boise

Filed Aug 17 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of

City of

No. Sr. Registration District File No.

Hospital Primary Registration Registered No.

FULL NAME OF CHILD

BIRTHPLACE

368-114-001-451

PLACE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103471

County of

City of Boise

No. St.

Hospital St Alphonsus

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 336

FULL NAME OF CHILD Coyne, Robert Mead
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	5 (To be answered only in event of plural births)	yes	8-14-1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Coyne Chas. T	FULL MAIDEN NAME	Mead Dorothy
RESIDENCE	1009 E. Bannock	RESIDENCE	—
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ethan. S Dak	BIRTHPLACE	Elkton. S Dak
OCCUPATION	Livestock dealer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. V. Gennery

(Physician or ~~midwife~~)

Address Boise Ida

Filed Aug 21 1922

R. H. Pratt
Registrar.

Give names added from a supplemental report.

, 19

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AL REASONS WHY A CERTIFICATE OF
D AND THE SAME COMPLET

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 1019 E. Bannock

County:

File Number: 103471

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Aug. 14th 1922

Father: Charles Thomas Coyne (Full Name)

Mother: Dorothy Mead Young (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Mead Coyne

Child's Name in Full

Mrs. Chas. T. Coyne

Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719 [illegible] 4

SEP 1 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 106 Bannock St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1004

File No. 1034[illegible]

Registered No. 3[illegible]

Full Name of Child Garnet Richard Jr. Jeffery

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
male		yes	July (Month) 17 (Day)

FATHER		MOTHER	
FULL NAME	Garnet William Jeffery	FULL MAIDEN NAME	Myrl E. Daughe[illegible]
RESIDENCE	Grimes Pass Ida	RESIDENCE	Grimes Pass Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ontario Canada	BIRTHPLACE	Keota, Iowa
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 417 Overland Bldg. Boise

Filed Aug 17 1922 R. H. Pratt

Registrar

-38-41

JAN 7 1942

JUL 1 1987

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-112-001-389

PLACE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1617 N. 24 St.

Registration District No. 2

File No. 103473

Hospital The Salvation Army Maternity Home

Primary Registration District No. 1004

Registered No. 334

FULL NAME OF CHILD Homer Raymond Christensen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes.	Aug 12 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Robert McClelland	FULL MAIDEN NAME	Leiba Christensen
RESIDENCE	Baker Oregon	RESIDENCE	Haines Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE		BIRTHPLACE	Haines
OCCUPATION	Drug Clerk	OCCUPATION	Clerk

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Forceps, at 7 a.m. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C. Ward

Physician

(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Aug 17 1922 R. H. Park

Registrar.

255-105-004-689

PLACE OF BIRTH

County of Ada

City of Boise

No.

Hospital St. Lukes

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-16-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 103474

Primary Registration District No. 1004

Registered No. 333

Full Name of Child Jack Norman Benham

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male	1	Yes	8 (Month) 5 (Day) 22 (Year)

FATHER		MOTHER	
FULL NAME	Bryan M Benham	FULL MAIDEN NAME	Isabelle White
RESIDENCE	2201 State St Boise Ida	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Mo.	BIRTHPLACE	Toronto Canada
OCCUPATION	Truck Driver	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 am on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S Springer
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Aug 17 1922 R. N. Pratt

ORIGIN RESERVED FOR BINDING
ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
More than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED

SEP

County of

Date

Yes

Yes

Yes

Date

415-104-001-339

PLACE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103475

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 332

FULL NAME OF CHILD Charles W Davis (Douglas)

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8 - 4 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles W Davis	FULL MAIDEN NAME	Grace Cline
RESIDENCE	Boise Idaho	RESIDENCE	1009 Warm Springs Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Texas	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	House maid

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm A. Koelsch M.D.

(Physician or midwife)

Address Boise Idaho

Filed Aug 17 1922 R. H. Pratt Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

...LY WITH UNFADING INK—THIS IS A PERMANENT RECORD
...se of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1 1949

819-207100-719 Amended 1/24/79

PLACE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103477

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2

File No. .....

Primary Registration District No. 1004

Registered No. 330

Full Name of Child Helen Elizabeth Harrold

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	DATE OF BIRTH 8 (Month) 7 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Jesse Edmond Harrold	FULL MAIDEN NAME Caroline Parker
RESIDENCE So Boise Iowa & Dev.	RESIDENCE Iowa, & Division So Boise
COLOR White. AGE AT LAST BIRTHDAY 27 (Years)	COLOR White. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Iowa.	BIRTHPLACE Ind.
OCCUPATION Book keeper.	OCCUPATION House wife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J Carl Hill M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Aug 17 1922 R. H. Pratt Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 103477

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Harold (Name on Original Certificate) who was born (Was Born or Died) on August 7, 1922 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Harold	Helen Elizabeth Harrold
father's last name	Harold	Harrold

Subscribed and sworn to before me this 2nd day of November, 1937

Florence Cartright

Notary Public, residing at Boise

My commission expires Perpetuity

(Seal)

Signed Jesse E. Harrold
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

1 Cp paid

A sister's certificate on file with Idaho gives name of father as J. E. Harrold. Sister born April 29, 1921.
Viewed by v.S.

JAN 2 1979

Family record gives name as Helen Elizabeth Harrold born Aug 7, 1922 to Carol Parker Harrold and Jesse Edmund Harrold. viewed by V. S.

Birth annoucement give name as Helen Elizabeth Harrold born Aug 7, 1922 parents listed as J. E. Harrold. weight 8 lbs. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

553-465-00-391

County of Ada

City of Boise

No. 116 Bannock St.

Hospital St. Lukes.

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 2

Primary Registration District No. 1004

File No. 103478

Registered No. 329

Full Name of Child Evelyn Marie Nelson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female		5	yes.	Aug. 5 1922

FATHER		MOTHER	
FULL NAME	Chris Nelson.	FULL MAIDEN NAME	Alice Grana.
RESIDENCE	Boise, Ida Regna Stage.	RESIDENCE	Boise, Ida. Regnastage
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Battle Lake Minn.	BIRTHPLACE	Henning Minn.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive, at 4 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sep 7 1922

Registrar

SEVERAL R

FILED FOR EAC

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: First & Bannock Sts.

County: Ada

File Number: 10347

Registration Dist. No.:

Date of Birth: 5 Aug. 192[illegible]

Sex of Child: Female

Father: Elvis Nelson (Full Name)

Mother: Alice Rosella [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Evelyn Mavis Nelson

(Child's Name in Full)

Mrs Elvis Nelson

(Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-230-001-572

PLACE OF BIRTH

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103479

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. 2

File No. .....

Primary Registration District No. 1004

Registered No. 328

FULL NAME OF CHILD Infant Burns Virginia Beatrice
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
f		yes	July 30 1922

What bactericidal solution was used in eyes? Ag NO3 2%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Allen Burns	FULL MAIDEN NAME	Francis Easley
RESIDENCE	1623½ Bannock	RESIDENCE	1623½ Bannock
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	N Y
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 3 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Parker

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 303 McCarty Bla

Filed Aug 17 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 23 [illegible]

SEP 2 0 1974

238-101-001-364

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

County of Ada
City of Boise
No. 406 Grove
Hospital St Lukes

Registration District No. 2
Primary Registration District No. 1004
File No. 103480
Registered No. 327

FULL NAME OF CHILD William Loren Schaffer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Aug 1st 1922

What bactericidal solution was used in eyes? Ag NO3 2%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto M Schaffer	Eva Lough
RESIDENCE	406 Grove	406 Grove
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	19
BIRTHPLACE	N Y	Kansas
OCCUPATION	Truck driver	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1.20 P. M. (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) C H Voorhees

(Physician or midwife)

Address 303 McCarty Bldg

Filed Aug 17 1922 R H Gill Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BI
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH

FEB 26 1968

BUREAU OF VITAL STATISTICS.

Place of Birth: City Boise Idaho

Street St. Lukes Hospital

County Ada

File Number 103480

Registration Dist. No. .....

Sex of Child Male

Date of Birth Aug 1 1922

Father Walter Maxwell Shaffer
Full Name

Mother Eva Lillian Shaffer
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

William Loren Shaffer
Child's Name in Full

.....
Signature of Father or Mother

RECEIVED AUG 1 1922 BUREAU OF VITAL STATISTICS

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE O[redacted]

RECEIVED
SEP 27 1922
BUREAU OF VITAL STATISTICS

STATE [redacted]
BUREAU OF V[redacted]
CERTIFICA[redacted]

County of Ada
395-230-001-538
City of Boise

Registration District No. 2 [redacted] File No.

No. 106 Bannock St.

Primary Registration District No. 1004 Registered No. 326

Hospital St Lukes

Full Name of Child Janice Elizabeth Lindemer

SEX OF CHILD: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH July 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur John Lindemer	FULL MAIDEN NAME	Ocel Marie Etheridge
RESIDENCE	Richfield, Idaho	RESIDENCE	Richfield Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Prairie du Sac Wis.	BIRTHPLACE	Blockton Iowa
OCCUPATION	Sec of Ida Irrigation Co.	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.35 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Smith
Physician
(Physician or midwife)

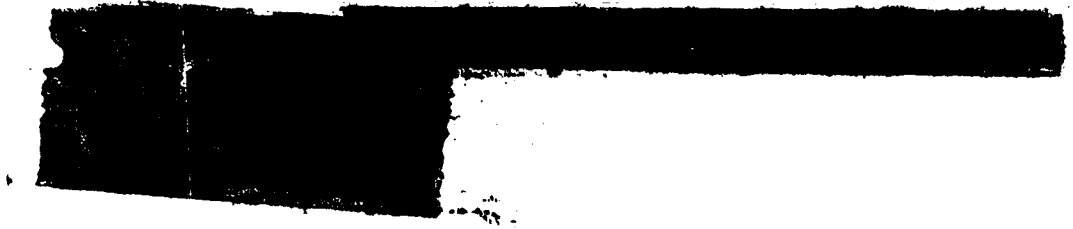
Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed Aug 17 1922 R. H. Pratt
Registrar

[redacted]gistrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-6-15-18

415-[illegible]

County of [illegible]

City of [illegible]

No. _____ St.

Hospital St. Luke's

[illegible] STATISTICS

[illegible] BIRTH

[illegible] District No. _____

STATISTICS

Primary Registration District No. 10[illegible]

File No. 103482

Registered No. 325

Full Name of Child Susan Gaines Davidson

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH July (Month) 26 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Clayton Abernathy Davidson	FULL MAIDEN NAME Mary Margaret Ormsby
RESIDENCE 2014 N. 9th St.	RESIDENCE 2014 N. 9th.
COLOR White — AGE AT LAST BIRTHDAY 30 (Years)	COLOR White — AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Chattanooga Tenn.	BIRTHPLACE Alt Lake Utah.
OCCUPATION Wholesale Grocer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4.50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. [illegible] F. Smith M.H.

[illegible] (Born alive or midwife)

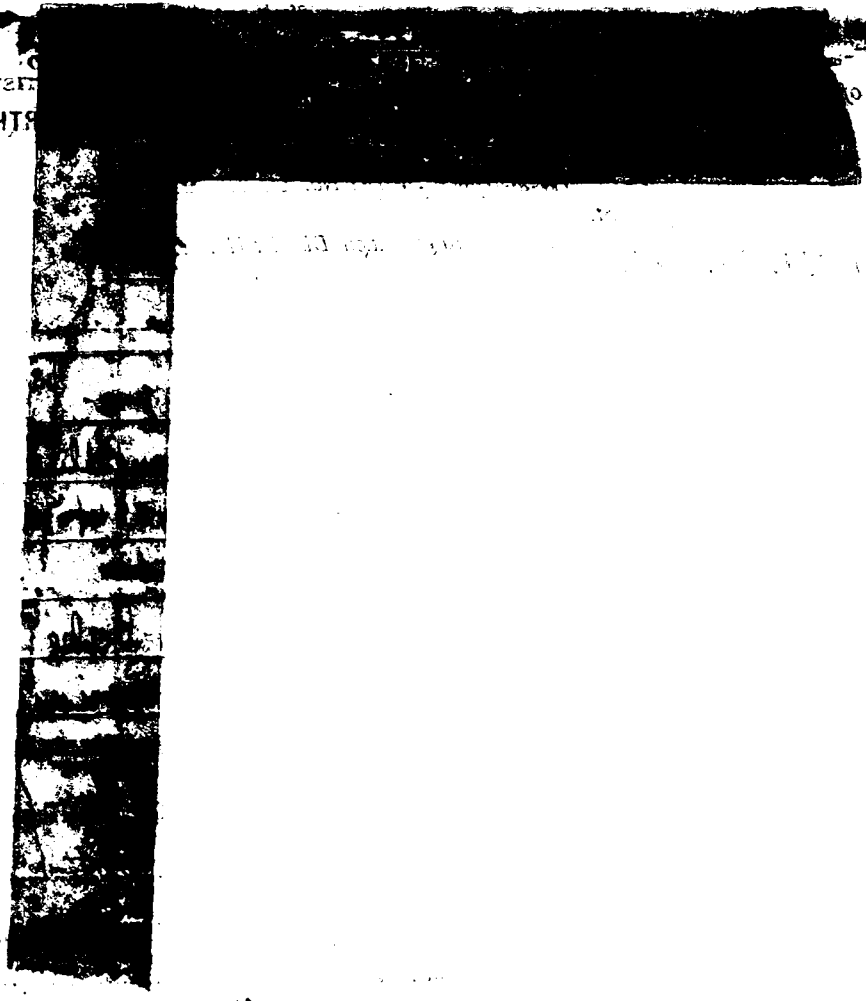
Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Aug 17 1922 R. H. Pratt Registrar



Notarized Photostatic Copies of - Page from Family Bible titled Births, gives one child's full name as Susan Gaines Davidson, born July 26, 1922 - viewed by V.S. and Adoption Decree - In the Orphans' Court of Philadelphia County, dated March 3, 1933 - No. 3828 gives one child's full name as Clayton A. Davidson and Margaret Ormsby Davidson (now Dolph) - parent's divorced - adoption petitioners: John Mather Dolph and Margaret Ormsby Dolph - viewed by V.S. Notary states that photo copies of documents are from the orr. documents, that they show no alterations or erasures -

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Susan Gaines Davidson born July 26, 1922 at Boise, Idaho to

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Pennsylvania
County of Bucks

Certificate No. 103482
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Davidson (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 26, 1922 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record and Adoption Decree (Bible Record, Insurance Policy, Etc.) prepared on 1922 and 1933 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Susan Gaines Davidson

Subscribed and sworn to before me this 11th day of February, 19 63

Elizabeth J. DeLacey
Notary Public, residing at New Hope, Pa.
My commission expires April 27, 1963
(Seal)

Signed Margaret O. Davidson Dolph
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] New Hope, Pa.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Pennsylvania
County of Bucks } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of February, 19 63

Elizabeth J. DeLacey
Notary Public, residing at New Hope, Pa.
My commission expires April 27, 1963
(Seal)

Signed Margaret D. Merfit
(Signature of Any Credible Person)

Toms River, N. J.
(Street Address, City, State)

FORM DH 60-155 CL 1-30-63. nm

APR 3 1963

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

381-226001-691

County of

City of Boise

No. St.

Hospital St. Alphonsus

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 103483

Primary Registration District No. 1004 Registered No. 324

FULL NAME OF CHILD Chaney Thelma Lucile
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	5 (To be answered only in event of plural births)	yes	7 26 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Chaney Saml. L	FULL MAIDEN NAME	Fuller. Ora
RESIDENCE	609 ash St. Boise	RESIDENCE	
COLOR	W AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Bellevieu. Ida.	BIRTHPLACE	Marino, Neb.
OCCUPATION	Truck Driver	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. V. Genoway

(Physician or midwife)

Address Overland Bldg.

Filed Aug 17 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

Registrar.

OF RI

ASONS WHY A CER

SEP 25 1941

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: Ash St

County: Ada

File Number: 103483

Registration Dist. No.:

Date of Birth: July 26 1922

Sex of Child: Female

Father: Samuel L. Chaney (Full Name)

Mother: Ora E. Fuller (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Thelma Lucille Chaney
Child's Name in Full

Ora E. Chaney
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

199-207-001-313

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 407 So 10 St. Registration District No. 2 File No. 103484

Hospital Primary Registration District No. 1004 Registered No. 323

FULL NAME OF CHILD Irene Arredondo
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fe.		Yes	8/7 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Irene Arredondo	FULL MAIDEN NAME	Crescencia Lacha
RESIDENCE	407 So 10 St	RESIDENCE	407 So 10 St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mexico	BIRTHPLACE	Spain
OCCUPATION	Restaurant Keeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger
Physician
(Physician or midwife)

Address Boise

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Aug 17 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED SEP 13 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, SEP - 9 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise, Idaho

Street: 407 S. 13th St.

County: Ada Co.

File Number: 103484

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Aug 7 192 2

Father: Irene Arredondo (Full Name)

Mother: Crescencia Loca (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Irene Arredondo

Child's Name in Full

Irene Arredondo

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236203.001-455

PLACE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 617 S 14th St.

Hospital

Registration District No. 20

Primary Registration District No. ~~2009~~ 1004

File No. 103485

Registered No. 322

Full Name of Child June Story

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F		1st	yes	8 3 1922

FATHER

FULL NAME Ocie Story

RESIDENCE Kuna Ida

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Bessie Newton

RESIDENCE Kuna Ida

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION H W

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2300 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

..... Registrar

(Signature) D P Hayes M D

(Physician or midwife)

Address 402 Ida Bldg

Filed Aug 5 1922 R N Peak Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATI

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. ..... St. .....

Hospital .....

Registration District No. .....

Primary Registration District No. .....

Full Name of Child

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?
	(To be answered only in event of plural births)			

FULL NAME	FATHER	FULL MAIDEN NAME
RESIDENCE		RESIDEN
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR
BIRTHPLACE		BIRTH
OCCUPATION		OCC

Number of child of this mother, including present birth ..... Number of .....

CERTIFICATE OF ATTENDING PHYSICI...

I hereby certify that I attended the birth of this child, who was ..... on the date above stated

(Born alive or ...)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report

..... 19 ..... Address .....

..... Filed ..... 19 .....

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of one child at birth a Separate Return must be made for each, and the number of each, in order of b

No. 893-222-001-893 St.

Registration District No. 2 State File No. 103460

(If born in hospital or institution give name.) Prim. Registration District No. 1004 Local Registrar's No. 321

2. FULL NAME OF CHILD Mary Jane Hilliard

3. Sex female	If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature ____ Full term ____	7. Legitimate? yes	8. Date of birth July 22, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name	18. Full maiden name Ethel M. Hilliard
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) Gooding, Idaho
11. Color or race ____ | 12. Age at last birthday ____ (years)	20. Color or race w | 21. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country)	22. Birthplace (city or place) (State or Country) New Iberia Louisiana
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Supt. Idaho State School
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. for the Deaf
16. Date (month and year) last engaged in this work ____, 19__ | 17. Total time (years) spent in this work ____	25. Date (month and year) last engaged in this work ____, 19__ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag. no. 3 2%

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3.20mP on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

____ Registrar.

(Signed) Roscoe C. Ward, M. D.
or Physician, Midwife
Address Boise, Idaho
Filed Aug. 5 1922 R. N. Pratt Registrar.

MAY 12 1943

174-20-00-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103487

County of Ada
City of Boise
No. 216 So 9 St.
Hospital
Registration District No. 2
Primary Registration District No. 1004
File No.
Registered No. 320

FULL NAME OF CHILD Maria Louisa Aguirre
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe			Yes	8 4 1922

What bacteriocidal solution was used in eyes? Yes 2% Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Candido Aguirre	
FULL MAIDEN NAME		Narcisa Lozano
RESIDENCE	Boise RFD #4	Boise RFD #4
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Spain Basco	Spain (Basco)
OCCUPATION	Rancher	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred G. Tuthill Jr.
Physician
(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Aug 5 1922 R. H. Coats
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...ERAL REASONS WHY A CERTIFICA...
...E FILED ... EACH CHILD AND THE SAME COM...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ... Boise

Street ... 216 South 9th

County ... Ada

File Number ... 103487

Registration Dist. No. ...

Date of Birth ... August 4th ... 192.2

Sex of Child ... Female

Father ... Candido Aguire ... (Full Name)

Mother ... Narcisa Aguire ... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Maria Louisa Aguire

(Child's Name in Full)

Candido Aguirre Narcisa Aguire

(Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

395-129-005-859

PLACE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. 103488

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 319

FULL NAME OF CHILD James Delbert Tindall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of birth July 28th 1922 (Month) (Day) (Year)
M			

What bactericidal solution was used in eyes? 1% sol silver nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Chester Tindall	FULL MAIDEN NAME	Leota Heron
RESIDENCE	Tindall, Idaho	RESIDENCE	Tindall, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Cattle man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 10 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Brumbaugh

(Physician or midwife)

Address 317 Overland Bldg. Boise

Filed Aug 5 1922 R. V. Peck

Give names added from a supplemental report.

....., 19.....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1942

DECEASED

364-202-00

PLACE OF BI[redacted]HO

[redacted]LIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 1922

BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. —— St.

Registration District No. 2

File No. 103489

Hospital St. Alphonsus Primary Registration District No. 1004

Registered No. 318

FULL NAME OF CHILD Virginia Laurel Commons

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Aug. 2nd 1922

What bactericidal solution was used in eyes? 1% sol. Silver nitrate

Number of child of this mother, including present birth one Number of child of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	Robert Commons	FULL MAIDEN NAME	Robin Scott
RESIDENCE	Glenn's Ferry,	RESIDENCE	Glenn's Ferry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Neb.	BIRTHPLACE	Kans.
OCCUPATION	R.R. Fireman	OCCUPATION	H. wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was, at 11:45 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) B.W. Mather

(Physician or midwife)

Address 317 Overland Bldg - Boise

Filed Aug 5 1922 R.N. Peak Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 2 1944

815-108-001-432-

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. RD #4 St. Registration District No. 2 File No. 103490

Hospital Primary Registration District No. 1004 Registered No. 359

FULL NAME OF CHILD William Monroe Hanley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural birth)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 8 1922

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James W Hanley	FULL MAIDEN NAME	Donna a McKee
RESIDENCE	Boise RD 4	RESIDENCE	Boise RD #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas	BIRTHPLACE	Sterling Kansas
OCCUPATION	Mechanic	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.30 P. M. on the date above stated.

(Signature) P. P. French M. D.
(Physician or midwife)

Address 417 Overland Bldg. Boise Idaho

Filed Aug 17 1922 R. N. Pratt
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 0 1942

413-114-001-666

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of So. Boise

No. 1017 Lincoln St.

Registration District No. 2 File No. 103491

Primary Registration District No. 1002 Registered No. 360

Hospital

FULL NAME OF CHILD Ernest Lester Matthews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Aug. 14, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eldridge Wilson Matthews	FULL MAIDEN NAME	Eva P. Wood
RESIDENCE	1017 Lincoln	RESIDENCE	1017 Lincoln
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Georgia
OCCUPATION	Lumber - contractor	OCCUPATION	Nurse - wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest E. Lambrecht
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Aug 26 1922 R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 19 1956

JUN 12 1953

JUL 6 1971

APR 5 1962

533126 c001-155

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 103493

No. ..... St.

Hospital St Lukes Primary Registration District No. 1004 Registered No. 362

FULL NAME OF CHILD John Edward Ellis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes.	Aug 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest W Ellis	FULL MAIDEN NAME	Ruth A Annett
RESIDENCE	1501 N 10—	RESIDENCE	501 N 10.
COLOR	W—	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30. (Years)
BIRTHPLACE	England	BIRTHPLACE	Iowa
OCCUPATION	Engineer.	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed Aug 31 1922 R. H. Pratt
Registrar

Registrar

Credes Solution used in eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1 1 6 1942

RAT REASONS WHY A CERTIFICATE OF BIR..
..LD AND THE SAME COMPLETED WITH TH..

OCT 14 1922

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: St. Luke's Hospital

County: Ada

File Number: 103493

Registration Dist. No.:

Date of Birth: August 26 1922

Sex of Child: Male

Father: Ernest William Ellis (Full Name)

Mother: Anne Ruth Annett (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Edward Ellis
Child's Name in Full

Mrs. Ruth Annett Ellis
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-128-001-123

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15,18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Hospital ____

Registration District No. ____ File No. 103494

Primary Registration District No. ____ Registered No. ____

Full Name of Child Warren J. Harris

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			Yes	August 28 (Month) 22 (Day) (Year)

FATHER		MOTHER	
FULL NAME	Warren Ellis Harris	FULL MAIDEN NAME	Cara May Aston
RESIDENCE	Emmett, Idaho	RESIDENCE	Emmett, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe B. Ward

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Aug. 29 19 22

R. N. Rath Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1944

9-5-41

Amended March 6, 1955
PLACE OF BIRTH
692-129-001-789

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. ..... St.
Hospital .....

Registration District No. 2 File No. 103495
Primary Registration District No. 1004 Registered No. 364

FULL NAME OF CHILD ROBERT JOHN FISHER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m.		yes	Aug. 29 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Robert C. Fisher	FULL MAIDEN NAME	Euna May Phillips
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Nebr.
OCCUPATION	Manager of Nampa seed & grain Co.	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 a. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician ~~or midwife~~)

Address Boise, Ida.

Filed Aug. 31 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 103495

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Robert C. Fisher, Jr. (Name on Original Certificate) who born (Was Born or Died) on Aug. 29, 1922 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by US Navy Discharge (Bible Record, Insurance Policy, Etc.) prepared on Dec. 21, 1945 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name.	Robert C. Fisher, Jr.	Robert John Fisher
Mother's maiden name.	Emma C. Phillips	Euna May Phillips

Subscribed and sworn to before me this 4th day of March 1953

Ronald C. Potter

Notary Public, residing at Nampa, Idaho

My commission expires 3-1-1957

(Seal)

Signed Euna May Fisher Parent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1715 3 St so. Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of March 1953, 19

Ronald C. Potter

Notary Public, residing at Nampa, Idaho

My commission expires 3-1-1957

(Seal)

Signed Robert C. Fisher Parent
(Signature of Any Credible Person)

1715 3 St so. Nampa, Idaho
(Street Address, City, State)

PRH 53-155

862-130-001296

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. 2 File No. 103496

Primary Registration District No. 1004 Registered No. 365

FULL NAME OF CHILD James LeRoy Hoss

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes.	Aug 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard Hoss.	FULL MAIDEN NAME	Mildred E Brotzman
RESIDENCE	1903 N 11 —	RESIDENCE	1903 N 11 —
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Mechanic	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 8.45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Ida

Filed Aug 31 1922 R. H. Pratt Registrar

Registrar

Credes Solution used in eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP 9 1922

no.....

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 1903 No. 11th

County: Ada

File Number: 103496

Registration Dist. No.:

Date of Birth: Aug 30, 1922.

Sex of Child: Male

Father: Willard Hoss (Full Name)

Mother: Mildred Biotzman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James LeRoy Hoss (Child's Name in Full)

Mr. Willard Hoss (Signature of Father or Mother)

DEC 2 2 1941

JAN 2 1 1975

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

954-217.00-331

PLACE OF BIRTH

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. — St.
Hospital St. Luke's
Registration District No. 2
Primary Registration District No. 1004
File No. 103497
Registered No. 366

FULL NAME OF CHILD Ruth Marie Redeker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				Yes.	Aug. 17 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Harry E. Redeker	FULL MAIDEN NAME	June A. Clarke
RESIDENCE	1213 N. 17th St., Boise, Idaho	RESIDENCE	1213 N. 17th St., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Indiana	BIRTHPLACE	South Dakota
OCCUPATION	Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.38 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) L. W. Taylor M. D.
(Physician or midwife)

Address Boise, Idaho

Filed Aug 26 1922 R. N. Rad, Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1943

FEB 1 - 1954

995-113.001-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. ____ St.
Hospital St. Luke's
Registration District No. 2
Primary Registration District No. 1004
File No. 103498
Registered No. 367

FULL NAME OF CHILD Wallace Russell Ireland
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Aug. 18. 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Russell W. Ireland	FULL MAIDEN NAME	Mildred J. Greer
RESIDENCE	Prairie, Idaho	RESIDENCE	Prairie, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Mail Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:40 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brattain M.D.
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 26 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1943

234-109-001-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1520½ Grove St. Registration District No. 2 File No. 103499

Hospital — Primary Registration District No. 1004 Registered No. 368

FULL NAME OF CHILD LaVaughn Fred Sturgeon
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug. 9 1922

What bacterieidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER

FULL NAME Raymond N. Sturgeon

RESIDENCE 1520½ Grove St. Boise, Idaho

COLOR W. AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Missouri

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Anna Delphia Conner

RESIDENCE 1520½ Grove St., Boise, Idaho

COLOR W. AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.00 p. M. on the date above stated.

(Signature) T. N. Braxton M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Aug 26 1922 R. H. [illegible]
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 _ 1981_

11-14-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 15 8 12 AM '81

State of Idaho
County of Lincoln } ss.

Certificate No. 103499
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for LaVaughn Sturgeon (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 9, 1922 (Date of Event)
in Boise, (Ada) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs middle name	omitted	Fred
sex of child	Female	Male

Subscribed and sworn to before me this 7th day of January 19 81

Notary Public, Joy McClure
Residing at Clerk of District Court
My commission expires Lincoln County
Shoshone, Idaho 83352
(Seal)

Thomas W. Conner
Signature of Applicant

Box 4 Shoshone, Idaho 83352
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Marriage Certificate gives name of Groom as
La Vaughn Sturgeon married to Esther Meyer
on August 2, 1941.
Viewed by U.S.
Honorable Discharge gives name as La Vaughn
Sturgeon born 8-9-1922 in Boise, Idaho
~~to~~ Entered Jan 2, 1945, Occupation Truck Driver
(Male). Date of separation 8-27-1946
Viewed by U.S.

769-21-001-814

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 103500

County of Ada

City of Boise

No. _____ St. _____ Registration District No. 2

Hospital St. Luke's Primary Registration District No. 1004 Registered No. 369

FULL NAME OF CHILD Virginia Faye Gain
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Aug. 11 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Roy Gain	FULL MAIDEN NAME	Permeal E. Hammer
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. M. Braxton M.D.
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 26 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30 1942

294.205-001-295

PLACE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. _____ St.
Hospital St. Luke's

Registration District No. 2
Primary Registration District No. 1004

File No. 103501
Registered No. 372

FULL NAME OF CHILD Lydia Ruth Bruins
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Aug. 5 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	J. Franklin Bruins	FULL MAIDEN NAME	Ruth H. Brewer
RESIDENCE	R. D. #1, Boise, Idaho	RESIDENCE	R. D. #1, Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brayton M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Aug 26 1922 R. H. Park
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6

493-18-000-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2 File No. 103502

Primary Registration District No. 1004 Registered No. 371

FULL NAME OF CHILD Robert Steven Mitchell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	Aug. 15. 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Steven R. Mitchell	FULL MAIDEN NAME Eugenia T. Carr
RESIDENCE Herrington Apts., Boise, Idaho	RESIDENCE Herrington Apts., Boise, Idaho
COLOR W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Salesman	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:20 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. M. Braxton M.D.
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Aug 26 1922 R. N. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 0 7 2016

AUG 2 6 1942

238-219-001-946

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103503

RECEIVED AUG 4 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of

No. St.

Registration District No. 124 File No.

Primary Registration District No. 2702 Registered No. 134

Hospital

FULL NAME OF CHILD Fern Elene Schulz

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth (Month) 2 (Day) 19 (Year) 22

FATHER

FULL NAME Paul Schulz

RESIDENCE Kuna Ida

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Germany

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Elsie Ruff

RESIDENCE Kuna Ida

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Alabama

OCCUPATION House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Coleman

Physician

(Physician or midwife)

Address Kuna, Ida.

Given names added from a supplemental report.

19

Registrar.

Filed 7-31 19 22 Wylie Stevens
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-101-001-696

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 2 1922 BUREAU OF VITAL STATISTICS

County of Adee

City of —

No. ..... St. ..... District No. 9+10 File No. 26

Hospital ..... Primary Registration District No. 9+10 Registered No. 26

CERTIFICATE OF BIRTH 103504

FULL NAME OF CHILD Earl Hall Malmstrom
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	May 1 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Charles B Malmstrom	FULL MAIDEN NAME	Hattie Frost
RESIDENCE	Meridian R F D	RESIDENCE	Meridian R F D
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	California	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hwife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive, at 3-9 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ollie Hall MD
(Physician or midwife)

Address Star, Idaho

Filed August 10 1922 Orville Jackson Registrar
Eagle Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

189-206-001-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103505

County of Ada

City of Star

No.

Hospital

Registration District No. 9+10 File No. 28

Primary Registration District No. 9+10 Registered No. 28

RECEIVED SEP 12 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Gertrude Lorene Ayres
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F M		yes	July 5 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James Carnot Ayres	FULL MAIDEN NAME	Lola Belle Peterson
RESIDENCE	Star Idaho	RESIDENCE	Star
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Harvest

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dead at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Star, Idaho

Filed Aug 10 1922 Orville Jackson Registrar.

Eagle Idaho

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-212-001-249

PLACE OF BIRTH

County of Adel

City of Star

No. ..... St.

Hospital ——

RECEIVED SEP 12 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103506

Registration District No. 9+10 File No. 27

Primary Registration District No. 9+10 Registered No. 29

FULL NAME OF CHILD Helen Louise Cone
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F M		yes	June 17 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Elie Lucian Cone	FULL MAIDEN NAME	Bertha Rosedale Smith
RESIDENCE	Star	RESIDENCE	Star Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	H Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Star Idaho.

Filed Aug 10 1922 Ginny Jackson
Registrar.
Eagle Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1942

MAR 19 1942

819-121-001-645

PLACE OF BIRTH

RECEIVED SEP 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adee

City of Star

No. — St.

Hospital —

Registration District No. 9+10 File No. 103507

Primary Registration District No. 9+10 Registered No. 27

FULL NAME OF CHILD GORDON LEE Hartley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	July 31 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Morris Hartley	FULL MAIDEN NAME	Estes Camella Wing
RESIDENCE	Eagle R F D	RESIDENCE	Eagle R F D
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	74	AGE AT LAST BIRTHDAY (Years)	72
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ola Hall Mc

(Physician or midwife)

Address Star, Idaho

Filed Aug 10 1922 Orville Jackson Eagle Idaho Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 10 3507
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Morrison Lee Hartley (Name on original certificate) who was born (Was born or died) on July 21, 1922 (Date of event)
in Star, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (Bible record, insurance policy, etc.) prepared ~~xx~~ few days after date (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	Morrison Lee Hartley	Gordon Lee Hartley

Subscribed and sworn to before me this 19th
day of December, 1941
Hazel Everett
Notary Public, residing at Boise Idaho
My commission expires July 25-1942
[SEAL]

Signed Morris M. Hartley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Eagle, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of December, 19 41.
Hazel Everett
Notary Public, residing at Boise Idaho
My commission expires July 25-1942
[SEAL]

Signed Earl Rand
(Signature of any credible person other than the previous affiant.)
408 Idaho Bldg. Boise Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 2 9 1941

713-106-001-318

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 2 1922 BUREAU OF VITAL STATISTICS

County of Ada
City of Star
No. ..... St.
Hospital .....

Registration District No. 9+10 File No. 3 103508
Primary Registration District No. 9+10 Registered No. 30

FULL NAME OF CHILD Melvin Edward Palmer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	June 6 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles H. Palmer	FULL MAIDEN NAME	Lela Little Taylor
RESIDENCE	Star	RESIDENCE	Star
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	59	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Indiana	BIRTHPLACE	Arkansas
OCCUPATION	Merchant	OCCUPATION	Hurbe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ow Hall MD
(Physician or midwife)

Address Star, Idaho

Filed Aug 10 1922 Orville Jackson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1965

FEB 1 1949

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of one child at birth a **Separate Return** must be made for each, and the number of each, in order of b

No. ____ State File No. 103509

(If born in hospital or institution give name.) Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** James Hudson Shake

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? Yes

8. Date of birth May 21, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name: R. H. Shake	18. Full maiden name: Julia Dixon
10. Residence (usual place of abode) (If non-resident, give place and State): Fruitland, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Fruitland, Idaho
11. Color or race: White | 12. Age at last birthday: 27 (years)	20. Color or race: White | 21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Fairbault Minnesota	22. Birthplace (city or place) (State or Country): Rankin Illinois
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____ 16. Date (month and year) last engaged in this work: ____, 19____ | 17. Total time (years) spent in this work: ____	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____ 25. Date (month and year) last engaged in this work: ____, 19____ | 26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 3:30 at P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

____ Registrar.

(Signed) ____, M. D.

or Mrs E W White, Midwife

Address Star, Idaho

Filed August 5, 1922 Orville Jackson

Eagle, Idaho Registrar.

JUL 15 1942

APR 29 1965

785-220-00-669

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103510

County of Ada

City of Eagle

Registration District No. 9+10 File No. 32

No. St.

Primary Registration District No. 9+10 Registered No. 32

Hospital

FULL NAME OF CHILD Lilliam Loraine Pyne

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Lewelling Pyne	FULL MAIDEN NAME	Lillie Isabell Worthington
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo M K Hall
M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar.

Filed Aug 23 1922 Orville Jackson Registrar.
Eagle Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-108-081-553

PLACE OF BIRTH

RECEIVED SEP 12 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103511

County of Ada

City of Eagle Registration District No. 9-10 File No. 33

No. ——— St. Primary Registration District No. 9-10 Registered No. 33

Hospital ———

FULL NAME OF CHILD Ivan Eugene Brink

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	(To be answered only in event of plural births)		yes	8 8 1922

FATHER		MOTHER	
FULL NAME	Wm L Brink	FULL MAIDEN NAME	Lizzie Nesen
RESIDENCE	Eagle Idaho	RESIDENCE	Eagle Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Nil.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Callaway
Physician
(Physician or midwife)

Address Eagle Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 23 1922 Orville Jackson Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
SEP 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Sept. 8, 1922.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Ada

File Number 103511

Registration Dist. No. .....

Sex of Child Male

Date of Birth August 8 1922.

Father Wm L. Brink
Full Name

Mother Lillie A. Nelson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ivan Eugene Brink
Child's Name in Full

Mrs Wm L. Brink
Signature of Father or Mother

JUN 4 1949

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

159-128-001-743

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103512

County of Ada.

City of Kuna R.F.D. Registration District No. 124 File No. 4

No. ..... St.

Primary Registration District No. 2202 Registered No. 137

Hospital .....

FULL NAME OF CHILD MARK Louis Estel Jerome.

Sex of Child	Twin or Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male.	Twin. and	Second	yes.	8 -	28 -	1922

FATHER	MOTHER
FULL NAME: Samuel N. Jerome.	FULL MAIDEN NAME: Lula B. Putman.
RESIDENCE: Kuna, Idaho.	RESIDENCE: Kuna, Idaho.
COLOR: White. AGE AT LAST BIRTHDAY: 39 (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Kansas.
OCCUPATION: Farmer.	OCCUPATION: House wife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive., at 7.40. P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W J Coleman

Physician.
(Physician or midwife)

Address Kuna, Idaho.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

Filed 9 - 4 19 22 W. C. Stevens
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 103512

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Luois Estel Jerome (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 28, 1922 (DATE OF EVENT)
in Kuna, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by school records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
"name"	Louis Estel	Mark Estel

Subscribed and sworn to before me this 6th day of June, 19 42

Notary Public, residing at Boise, Idaho

My commission expires 6-24-45
(SEAL)

Signed Lula Blanche Jerome.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 7 1942

159-228-001-743

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 5 19 BUREAU OF STATISTICS

CERTIFICATE OF BIRTH

County of Ada.

City of Kuna R.F.D.

Registration District No. 124 File No. 103513

No. St.

Primary Registration District No. 2202 Registered No. 138

Hospital

FULL NAME OF CHILD Lois Esther Jerome.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin.		First.	Yes.	6 - 28 - 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel N. Jerome.	FULL MAIDEN NAME	Lula ~~B.~~ Blanche Putman.
RESIDENCE	Kuna, Idaho.	RESIDENCE	Kuna, Idaho.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Coleman

Physician.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Kuna, Idaho.

Filed 9-4, 1922 W. C. Stevens
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1944

331-110'00-559

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Kuna

Registration District No. 124 File No. 103514

No. ..... St.

Primary Registration District No. 2202 Registered No. 139

Hospital .....

FULL NAME OF CHILD Kenneth L. Clayton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	2	yes	Apr. 10 1922

FATHER		MOTHER	
FULL NAME	H. J. Clayton	FULL MAIDEN NAME	Hallie Kering
RESIDENCE	Kuna	RESIDENCE	Kuna
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	House-wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. C. Robinson

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address 1317. 4th St. S. Nampa

Filed 9-4, 1922 W. L. Stevens Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1962

JAN 2 3 1976

433-219-001-386

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103515

County of Ada

City of Kuna

Registration District No. 124 File No. 4

No. R.R.1 St.

Primary Registration District No. 2202 Registered No. 140

Hospital yes

FULL NAME OF CHILD Ila May McClelland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	1	yes	5 — 19 — 1922

FATHER		MOTHER	
FULL NAME	J. R. McClelland	FULL MAIDEN NAME	May Thompson
RESIDENCE	Kuna	RESIDENCE	Kuna
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:55 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. C. Robinson
Physician & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address 1317 4th St. S.

Filed 9 - 4 1922 Wm Stevens
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 25 1942

388-227-003-955

[redacted] OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103516

County of Bannock

City of Pocatello

No. 830 S 5th St.

Registration District No. 28 File No. 80

Hospital

Primary Registration District No. 2161 Registered No. 4474

FULL NAME OF CHILD Theoda Irene Thyberg
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fr		yes	7-27-1922

What bactericidal solution was used in eyes? 10 % argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Rudolph Thyberg	FULL MAIDEN NAME	Martha Iverson
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh AGE AT LAST BIRTHDAY 46 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Idaho Tech. night Watchman	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Kay MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address Pocatello Idaho

Filed 8/1 1922 H Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 3 1961

369-217-003-587

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103517

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. 615 No. Grant St. Registration District No. 28 File No. 80

Hospital Pocatello General Primary Registration District No. 2161 Registered No. 4475

FULL NAME OF CHILD Lois Jean Corbridge
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 17th 1922

What bactericidal solution was used in eyes? 1% Argno 3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: John E. Corbridge	FULL MAIDEN NAME: Matilda Nygard
RESIDENCE: 615 No. Grant St.,	RESIDENCE: 615 No. Grant St.,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Franklin, Idaho.	BIRTHPLACE: Logan, Utah.
OCCUPATION: Carpenter	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 10:55 P. M. **on the date above stated.**

(Signature) W. F. Howard M.D.

(Physician or midwife)

Address Pocatello, Idaho.

Filed 8/1 1922 H. Young Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1942

389-118-003

PLACE OF BIRT[redacted]ATE OF IDAHO
[redacted] OF PUBLIC WELFARE
[redacted] OF VITAL STATISTICS

County of Banno[redacted]

City of Pocate[redacted]

[redacted]ICATE OF BIRTH 103518

No. 121 S. Garfield St. [redacted] 28 File No. 80

STATISTICS

Hospital _____ Primary Registration District No. 2161 Registered No. 4476

FULL NAME OF CHILD John Christiansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 18th 1922

What bactericidal solution was used in eyes? 1% Ag NO_3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Alfred Christiansen	FULL MAIDEN NAME	Gladys Crawford
RESIDENCE	121 S. Garfield	RESIDENCE	121 S. Garfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Shelley, Idaho.	BIRTHPLACE	Montreal, Canada
OCCUPATION	Waiter	OCCUPATION	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M. D.
(Physician or midwife)

Address Pocatello, Idaho.

Filed 8/1 1922 J. W. Young
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-119-003-994

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103519

County of Bannock

City of Pocatello

No. 224 W. Young St.

Hospital

Registration District No. 25 File No. 80

Primary Registration District No. 2161 Registered No. 4477

FULL NAME OF CHILD Harvey Franklin Bodine
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 19th 1922

What bactericidal solution was used in eyes? 1% agno³

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Carrol L. Bodine	FULL MAIDEN NAME	Eliza Rider
RESIDENCE	224 W. Young	RESIDENCE	224 W. Young
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Morganville, Kansas	BIRTHPLACE	Downey, Idaho.
OCCUPATION	Laborer	OCCUPATION	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello, Idaho

Filed 8/1 1922 J. W. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 4 1973

445-119.003-893

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. Tyhee Precinct

Registration District No. 28

File No. 103520

Hospital

Primary Registration District No. 2161

Registered No. 9478

FULL NAME OF CHILD Kenneth Atwood Dunn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 19th 1922

What bactericidal solution was used in eyes? 1% Agno³

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Samuel A. Dunn	FULL MAIDEN NAME	Ethel Hill
RESIDENCE	Tyhee Precinct	RESIDENCE	Tyhee Precinct
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	College, Utah	BIRTHPLACE	Smithfield, Utah
OCCUPATION	Farmer	OCCUPATION	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Filed 8/1 1922 J. R. Young
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1945

JUL 2

212-119-003-6292

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103521

County of Bannock

City of Inkom Registration District No. 28 File No. 8

No. ..... St.

Primary Registration District No. 2161 Registered No. 4479

Hospital .....

FULL NAME OF CHILD Elmer Baker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 19 1922

FATHER		MOTHER	
FULL NAME	Myron DeWitt Baker	FULL MAIDEN NAME	Olive Fisher
RESIDENCE	Inkom	RESIDENCE	Inkom
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Domestic

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden
Midwife
(Physician or midwife)

Address Inkom, Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed 8/1 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

1941

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Garden

Place of Birth — Street: .....

Place of Birth — County: Ada

File Number: 103521

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 19, 1922

Father: Howard L. Baker
Full Name

Mother: Alice Fisher
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Eleanor Ruth
Child's Name in Full

Alice Fisher Baker
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-...

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of McCammon

Registration District No. 28

File No. 103522

No. ..... St.

Primary Registration District No. 2161

Registered No. 4480

Hospital .....

FULL NAME OF CHILD Merl Vernon Lish

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July (Month) 21 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Archie Alanson Lish	FULL MAIDEN NAME	Ida May Romvill
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Raft River Idaho	BIRTHPLACE	McCammon
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 a.m. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Althea Lewis

(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address McCammon Idaho

Filed 8/1 1922 R. Found

Registrar

Registrar

S-Y CO. 20174

Certificate [illegible] issued Dec. 11, 1940. E.W.

RECEIVED
SEP 26 1922
VITAL

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: McCammon Idaho

Street:

County: Bannock

File Number: 103522

Registration Dist. No.:

Date of Birth: July 21 th 1922

Sex of Child: Male

Father: Archie Adamson Lish (Full Name)

Mother: Ida May Romriell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Merl Vernon Lish
Child's Name in Full

Archie Lish
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

715-221-003-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17
BUREAU

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. ____ St.
Hospital General

Registration District No. 28 File No. 103523
Primary Registration District No. 2141 Registered No. 4481

FULL NAME OF CHILD Ruth Irene Painschert.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	7-21-192[illegible]

What bactericidal solution was used in eyes? Arg NO3 - 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry L. Painschert.	Blanche Julia Thornton
RESIDENCE	Pocatello	Pocatello
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	34	36
BIRTHPLACE	Illinois	Pennsylvania
OCCUPATION	Drug Clerk	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) [illegible]
Physician
(Physician or midwife)
Address Pocatello.

Filed 8/1 192[illegible] J. W. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCL 1 8 1942

242-221-003-236

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

Form [redacted]

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

~~City of~~ Ft. Hall Indian School

Registration District No. 28 File No. 80

No. ——, —— St.

Primary Registration District No. 2161 Registered No. 4482

Hospital ——

FULL NAME OF CHILD Sarah Geraldine Bush

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—		—	Yes	July 21 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Charles Erastus Bush	FULL MAIDEN NAME Emma Louise Scott
RESIDENCE Ft. Hall Ind. Reservation	RESIDENCE Ft. Hall Ind. Reservation
COLOR White AGE AT LAST BIRTHDAY 50 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Barnesville Georgia	BIRTHPLACE Chidester, Arkansas
OCCUPATION Teaching - Principal Ind School	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry R. Wheeler

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Fort Hall, Idaho

Filed 8/1 1922 J. H. Young Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

814-123-003-465

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

103525

County of Bannock

City of Pocatello

Registration District No. 28 File No. 80

No. 640 No. Arthur St.

Primary Registration District No. 2161 Registered No. 4483

Hospital

FULL NAME OF CHILD Albert Edwin Haines, Jr.

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Edwin Haines	FULL MAIDEN NAME	Vivian Elizabeth Montague
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ophir, Utah	BIRTHPLACE	Murray, Utah
OCCUPATION	Newspaper Business	OCCUPATION	Newspaper Business

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 10:55 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Newton

(Physician or midwife)

Given names added from a supplemental report.

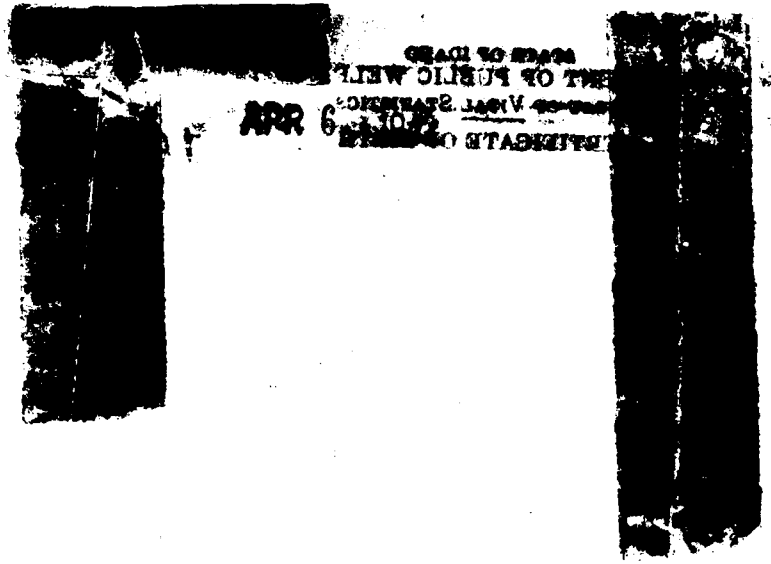
19

Address Pocatello Idaho

Filed 8/1 1922 R Haines Registrar.

Registrar.

and the number of each, in order of birth sta...



AUG 1954

MAR 20 1970

AUG 26 1949

259-12-4:003-653

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 192

CERTIFICATE OF BIRTH 103527

County of Bannock (Pocatello)

City of Pocatello

No. 1586 Roosevelt St. Registration District No. 28 File No. 80

Hospital Primary Registration District No. 216 Registered No. 4485

FULL NAME OF CHILD Frank Harold Bergendorf.
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
[redacted]			Yes	7-24-192

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Nels P. Bergendorf	FULL MAIDEN NAME	Jeanne Felsted
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Sign Painter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]
Physician
(Physician or midwife)

Address Pocatello

Filed 8/1 192 [redacted]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUL 20 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, [redacted] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: 1586 Roosevelt

County:

File Number: 103527

Registration Dist. No.:

Date of Birth: July 24 1922

Sex of Child: Male

Father: Nels Peter Bergendorff (Full Name)

Mother: Florence Marie Fels (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Frank Harold Bergendorff
Child's Name in Full

Mrs. N. P. Bergendorff
Signature of Father or Mother

AUG 2 1 1974

JUN 2 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright. It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has otected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-

o furnish certified copies of certificates of birth, it is im- that the certificates be filed with the BUREAU OF VITAL STATIS- the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

212-125-003-993

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. ..... St.
Hospital General

Registration District No. 28 File No. 103528
Primary Registration District No. 2161 Registered No. 4486

FULL NAME OF CHILD ~~Warren~~ Bakes William Heber
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m		yes	7-25 1922

What bactericidal solution was used in eyes? 1% Ag no 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Warren H Bakes	FULL MAIDEN NAME	Lora Rich
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	R.R. Shopman	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Kay MD
(Physician or midwife)

Address Pocatello Idaho

Filed 8/1 1922 J. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Ada

Certificate No. 103528

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Warren Bakes	William Heber Bakes

Subscribed and sworn to before me this 10th
day of September, 19 47
Mason C. Dee
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(Seal)

Signed Orel Rich Bakes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

SEP 10 19

155-025-003-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 2½ Mi. of Town St.
Hospital Home
Registration District No. 28
Primary Registration District No. 2161
File No. 103529
Registered No. 4987

FULL NAME OF CHILD Ila Fern Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 25 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Simpson Jensen	FULL MAIDEN NAME	Ester Coffin
RESIDENCE	2½ Miles N. of Town	RESIDENCE	2½ Miles N. of Town
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Hyrum, Utah	BIRTHPLACE	Hyrumville, Utah
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8.25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Anna W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Give names added from a supplemental report.

....., 19.....

Filed 8/1 1922 J. R. Young
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 24 1964

MAR 16 19[illegible]

499425-007-796

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103530

County of Bannock
City of Pocatello
No. 456 So. Main St.
Hospital Home

Registration District No. 28
Primary Registration District No. 2161
File No. 80
Registered No. 4488.

FULL NAME OF CHILD Albert William Mirabella
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 25 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ursila Mirabella	FULL MAIDEN NAME	Vincenzina Gross
RESIDENCE	456 So. Main St.	RESIDENCE	456 So. Main St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Sec. Foreman	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 8/1 1922 J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1948

SEP 16 1948

NOV 26 1956

259 126-003-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922

CERTIFICATE OF BIRTH

103531

County of Bannock
City of Pocatello
No. 413 So. 4th Ave. St.
Hospital Home
Registration District No. 28
Primary Registration District No. 2161
File No. 103531
Registered No. 4489

FULL NAME OF CHILD Mario Bertasso
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 26 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Giuseppe Bertasso	Carmina Marianna
RESIDENCE	220 So. 3rd Ave	220 So. 3rd Ave.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	38
BIRTHPLACE	Italy	Italy
OCCUPATION	~~White~~ Laborer	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, **at** 10 A. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Aug 17 1922 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1942

SEP 10 1942

419-228-003-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 237 N 10th St.

Registration District No. 28 File No. 103532

Hospital

Primary Registration District No. 2161 Registered No. 4490

FULL NAME OF CHILD Barbara E. Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fr		yes	7-28-1922

What bactericidal solution was used in eyes? 10% argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Fred Alfred Martin	FULL MAIDEN NAME	Elizabeth Delila Williams
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Kans.	BIRTHPLACE	Utah
OCCUPATION	Electrician	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD
(Physician or midwife)

Address Pocatello Idaho

Filed 8/1 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 13 1943

JUL 10 1943

914-128'003-694

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 103533

Hospital General Primary Registration District No. 3161 Registered No. 4491

FULL NAME OF CHILD Clarence Ramey Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	7-28-1922

What bactericidal solution was used in eyes? 1% Ag No 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Clarence Murray Ramey	FULL MAIDEN NAME	Leva Shimming
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	mixed - red & white	COLOR	wt
AGE AT LAST BIRTHDAY (Years)	7	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Supt City Water Dept	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:48 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray MD
(Physician or midwife)

Address Pocatello Idaho

Filed 8/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1950

365-128-003-497

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103534

RECEIVED AUG 17 192 BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. Tyhee Precinct
Hospital

Registration District No. 25 File No. 80
Primary Registration District No. 2161 Registered No. 4492

FULL NAME OF CHILD Howard Covert
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 28th 192 2

What bactericidal solution was used in eyes? 1% Agno3

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 9

FATHER	MOTHER
FULL NAME: Joseph Covert	FULL MAIDEN NAME: Nellie Dixon
RESIDENCE: Tyhee Precinct	RESIDENCE: Tyhee Precinct
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 56 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Las Vegas. N. M.	BIRTHPLACE: Washington, Utah.
OCCUPATION: Farmer	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Filed 8/1 192 2 R. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4 58231-003-249

PLACE OF BIRTH

RECEIVED
AUG 17
BUREAU OF
STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103535

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 80

Hospital St Anthony Primary Registration District No. 2141 Registered No. 4493

FULL NAME OF CHILD Mary Catherine McHale
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fr		yes	7-31-1922

What bactericidal solution was used in eyes? 10% A g no 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles T McHale	FULL MAIDEN NAME	Olga Marie Smith
RESIDENCE	Grace Idaho	RESIDENCE	Grace Idaho
COLOR	wh AGE AT LAST BIRTHDAY 27 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Washington
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello Idaho

Filed 8/1 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-106-003-813

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. 129 So. Lincoln St.

Hospital

CERTIFICATE OF BIRTH 103537

Registration District No. 28 File No. 79

Primary Registration District No. 2161 Registered No. 4455

FULL NAME OF CHILD Donald Hale Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	July 6 1922

What bactericidal solution was used in eyes? 1% $AgNO_3$

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Heber Donald Smith	FULL MAIDEN NAME	Hazel Hale
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Tehi Utah	BIRTHPLACE	Freedom Idaho
OCCUPATION	Student	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Filed 7/14 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1 1942

75-220-03-296

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28

File No. 103538

Hospital General

Primary Registration District No. 361

Registered No. 4456

FULL NAME OF CHILD Mary Joanne Perkins
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
fr	and	1	Yes	6-20-1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wallace C. Perkins	FULL MAIDEN NAME	Mabel Victoria Brown
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Delivery wagon driver	OCCUPATION	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J C Kay M D
(Physician or midwife)

Address Pocatello Idaho

Filed 8/1 1922 M Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763-230-003-766

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECE[illegible] AUG 17 [illegible] BUREAU [illegible] STATIST[illegible]

CERTIFICATE OF BIRTH

103539

County of Bannock

City of Pocatello

Registration District No. 28 File No. 79

No. 447 So. 3rd St.

Primary Registration District No. 2461 Registered No. 4457

Hospital

FULL NAME OF CHILD Helen Poling

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth June 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugh Glen Poling	FULL MAIDEN NAME	Zetta Richards Goodman
RESIDENCE	447 So 3rd	RESIDENCE	447 So 3rd
COLOR	American	COLOR	American
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Fairmont W. Va	BIRTHPLACE	Beaver Dam Va
OCCUPATION	Resturant Owner	OCCUPATION	Mwf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A.M. Newton M D

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Pocatello Ida

Filed 8/1 1922 J. H. Young Registrar.

538-130-003-538

PLACE OF BIRTH

RECEIVED
AUG 17 19[illegible]
BUREAU
STA[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103540

County of Bannock Registration District No. 28 File No.

City of Pocatello

No. North of north Pocatello Primary Registration District No. 461 Registered No. 4958

Hospital St Anthonys

FULL NAME OF CHILD Charles Robert Echelberger
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	June 30 1922

What bactericidal solution was used in eyes? Silver Nitrate 1 gtt 1 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles Robert Echelberger	FULL MAIDEN NAME	Mary Ellen Echelberger
RESIDENCE	Pocatello Ida.	RESIDENCE	Pocatello Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Brunswell Neb.	BIRTHPLACE	Pocatello Idaho
OCCUPATION	O & L Fireman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A M Newton
(Physician or midwife)

Address Pocatello Ida.

Filed 8/ 1922 J H Young
Registrar

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

847-22-003-855

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103541

County of Bannock
City of Pocatello
No. ____ St. ____
Hospital General
Registration District No. 28
Primary Registration District No. 216
File No. 44
Registered No. 4437

FULL NAME OF CHILD Elaine Emma Hughart
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes	7 - 1 - 192 2

What bactericidal solution was used in eyes? Cr no 3 - 1%

Number of child of this mother, including present birth 1. Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Harold Herschel Hughart	FULL MAIDEN NAME Lillyan Mangelsberg
RESIDENCE Pocatello	RESIDENCE Pocatello
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Iowa	BIRTHPLACE [redacted] Missouri
OCCUPATION Physician	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician
(Physician or midwife)
Address Pocatello

Filed 8/1 192 2 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-10-003-115

PLACE OF BIRTH

County of Bannock

City of Lava Hot Springs

No. ..... St.

Hospital .....

RECEIVED AUG 1 [illegible] BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103542

Registration District No. 28 File No. 79

Primary Registration District No. 2161 Registered No. 446

FULL NAME OF CHILD Walter Junior Williams

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	7 1 1922

What bactericidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Walter Ottis Williams	FULL MAIDEN NAME	Lea Manilla Davis
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:15 P M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Physician

(Physician or midwife)

Address Lava Hot Springs

Filed 8/1 1922 [signature] Registrar

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 16 1943

NOV 6 1942

235.103.003-331

PLACE OF BIRTH

RECEIVED
AUG 17 19
BUREAU O
STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103543

County of Bannock
City of Pocatello
No. 856 So 2nd St.
Registration District No. 28
File No. 19
Hospital
Primary Registration District No. 2161
Registered No. 4461

FULL NAME OF CHILD Kirk Stearns
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 3 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	George Clayton Stearns	FULL MAIDEN NAME Mary Eleanor Clark
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	36 (Years)	33 (Years)
BIRTHPLACE	Grand, Iowa	Lucas, Iowa
OCCUPATION	Lumberman	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:55 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 8/1 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 17 1949

NOV 20 1952

799-204-003-389

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 434 North 8th St.

Registration District No. 28 File No. 103544

Primary Registration District No. 2161 Registered No. 4462

Hospital

FULL NAME OF CHILD Liberty Griffiths

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John T. Griffiths	FULL MAIDEN NAME	Edna Christiansen
RESIDENCE	434 North 8th	RESIDENCE	434 North 8th
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	434 North 8th
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lyman
Phy & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 853 No Main

Filed 8/1 1922

J. R. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 0 1969

169-106-203-2

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103545

County of Bannock
City of Pocatello
No. 226 N. Buchanan St.
Hospital

Registration District No. 28
Primary Registration District No. 2161

File No. 80
Registered No. 4463

FULL NAME OF CHILD George Hyrum Jorgensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 6th 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: George Marion Jorgensen	FULL MAIDEN NAME: Alta Schofield
RESIDENCE: 226 No. Buchanan St.	RESIDENCE: 226 No. Buchanan St.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Levan, Utah.	BIRTHPLACE: Georgetown, Idaho.
OCCUPATION: Butcher	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 12:55 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) H. F. Howard M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Filed 8/11 1922 J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 19 1947

FEB 21 1968

SEP 20 1944

452-109-003-291

PLACE OF BIRTH

RECEIVED
AUG 17 192[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103546

County of Bannock
City of Pocatello
No. 1018 N. Harrison St.
Hospital

Registration District No. 28 File No. 80
Primary Registration District No. 2161 Registered No. 4464

FULL NAME OF CHILD Ray Eugene Messick
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	7-9-192[illegible]

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	William Robert Messick	Emma Ann Bragg
RESIDENCE	Pocatello	Pocatello
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Texas	Georgia
OCCUPATION	R.R. mail foreman	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 8/1 192[illegible] J H Evans
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1948

38-210-003-366

PLACE OF BIRTH

RECEIVED
AUG 17 19[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

103547

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. Tech. Farm St. Registration District No. 28 File No. 80

Hospital Primary Registration District No. 2161 Registered No. 4465

FULL NAME OF CHILD ~~Violet Maude~~ Thomson

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 10 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	LeRoy Thomson	FULL MAIDEN NAME Hazel Cowley
RESIDENCE	Pocatello, Idaho	Pocatello, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	24 (Years)
BIRTHPLACE	Ballesville, Utah	Venice, Utah
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

(Physician or midwife)

Address Pocatello, Idaho

Give names added from a supplemental report.

....., 19.....

Filed 8/1 1922 H. Young

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 10347
Date Filed 8-1-22

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Mary E Thompson (Name on original certificate) who born (Was born or died) on July 10, 1922 (Date of event)
in Pocatello, Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (Bible record, insurance policy, etc.) prepared on 12-4-41 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	Mary	Violet Maude Thamson
Sur name	Thompson	Thamson

Subscribed and sworn to before me this 4th
day of December, 1941

Notary Public, residing at Boise
My commission expires 12-9-41
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Leroy Thamson
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed.
(See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

589-210-003-319

PLACE OF BIRTH

RECEIVED AUG 17 19[illegible] BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 103548

County of Bannock
City of North Pocatello
No. 1523 Wilson Ave
Registration District No. 28
Hospital Home
Primary Registration District No. 2161
Registered No. 4466

FULL NAME OF CHILD Lillian Chilton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 10 192

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isaac William Chilton	Margret Lowella Carter
RESIDENCE	1523 Wilson Ave. N. P.	1523 Wilson Ave. N. P.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Lehi, Utah	Freedom, Utah
OCCUPATION	Engineer	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:35 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)
Address 413 So. 6th Ave.

Filed 8/1 1922 J. R. Bonney Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

355-211-003-249

PLACE OF ~~BIRTH~~

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF ~~IDAHO~~
DEPARTMENT OF PUBLIC ~~WELFARE~~
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103549

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

Registration District No. 28 File No. 80

Primary Registration District No. 2161 Registered No. 4467

FULL NAME OF CHILD MARY EDITH ~~Sylvia Edith Tensemeyer~~ TENSMEYER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fr		yes	7-11-1922

What bactericidal solution was used in eyes? 1% Silver nit

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John David ~~Tensemeyer~~ TENSMEYER	FULL MAIDEN NAME	Margaret Hazel Bush
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	R.R. Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray M D
(Physician or midwife)

Address Pocatello Idaho

Filed 8/1 1922 R Young
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-112-003-365

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103550

County of Bannock

City of Pocatello

No. 754 E. Center St.

Hospital

Registration District No. 28

File No.

Primary Registration District No. 2161

Registered No. 4468.

FULL NAME OF CHILD Theron Edward Bird
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male			Yes	July 12th 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 1% Argyro

Number of child of this mother, including present birth 2. Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Vern C. Bird	FULL MAIDEN NAME: Mabel Muriel Covert
RESIDENCE: 754 E. Center	RESIDENCE: 754 E. Center
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Nephi, Utah	BIRTHPLACE: Milford, Utah
OCCUPATION: Motion Picture Opr.	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 11:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or midwife)

Address Pocatello, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 8/1 1922 M. Young
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 27 1956

FEB 16 1944

296-113-003-819

PLACE OF BIRTH

RECEIVED AUG 17 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 455 S. Hayes St.

Hospital

Registration District No. 28 File No. 103551

Primary Registration District No. 2161 Registered No. 4469

FULL NAME OF CHILD Robert David Brockway
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 13th 192 2

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Clarence David Brockway	FULL MAIDEN NAME: Mayme E. Hart
RESIDENCE: 455 S. Hayes	RESIDENCE: 455 S. Hayes
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Greeley, Colo	BIRTHPLACE: New Ibria, La.
OCCUPATION: Locomotive Fireman	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 A. M. on the date above stated.

(Signature) H. F. Howard M D

(Physician or midwife)

Address Pocatello, Idaho.

Filed 8/1 192 2 J. H. Young
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 12 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-43-1003 -113

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 8103552

County of Bannock

City of Pocatello

No. ____ St.

Hospital General

Registration District No. 28

Primary Registration District No. 361

Registered No. 4470

FULL NAME OF CHILD Raymond Ruth Virginia

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	— and —	—	Yes	7-13-1922

What bactericidal solution was used in eyes? Cr. No. 3 - 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Dewey Dwaine Raymond	FULL MAIDEN NAME	Grace Jackson
RESIDENCE	Pocatello	RESIDENCE	Pocatello.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho
OCCUPATION	Furniture salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.30 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) F. E. Roberts

Physician

(Physician or midwife)

Address Pocatello

Filed 8/1 1922 J. H. Young

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: 935 East Whitman

County: Bannock

File Number: 103552

Registration Dist. No.: 12

Sex of Child: Female

Date of Birth: July 13 192 2

Father: Dewey Delvane Raymond (Full Name)

Mother: Grace Jackson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ruth Virginia Raymond

Child's Name in Full

Mrs. Dewey D. Raymond

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

993.114.003.419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103553

County of Bannock

City of Pocatello

No. 817 So. Harrison St.

Registration District No. 28 File No. 80

Hospital

Primary Registration District No. 2161 Registered No. 4471

FULL NAME OF CHILD Robert Franklin Ritchey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	July 14 1922

What bactericidal solution was used in eyes? 1% $AgNO_3$

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	C. Frank Ritchey	FULL MAIDEN NAME	Lalla Rookh Martin
RESIDENCE	Pocatello, Idaho.	RESIDENCE	Pocatello, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	McCleansboro, Illinois	BIRTHPLACE	Colorado.
OCCUPATION	Boiler make Helper.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello, Idaho.

Filed 8/1 1922 J. W. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1981

819-115-003-293

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103554

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. 757 N. Grant Ave. St.
Registration District No. 28 File No. 80
Hospital Home
Primary Registration District No. 7161 Registered No. 4472

FULL NAME OF CHILD William George Parker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 15 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Arthur Parker	FULL MAIDEN NAME	Lillian Kite
RESIDENCE	757 N. Grant Ave.	RESIDENCE	757 N. Grant Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Birmingham, Eng.	BIRTHPLACE	Birmingham, Eng.
OCCUPATION	Upholsterer	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9.30 P. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 419 So. 4th Ave.

Filed 8/1 1922 J. H. Young Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 28 1942

380-216-003-419

PLACE OF BIRTH

RECEIVED
AUG 17 192
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 103555

County of Bannock
City of Pocatello
No. 7th Ave. St.
Hospital St. Anthony
Registration District No. 28
Primary Registration District No. 2161
Registered No. 4473

FULL NAME OF CHILD Winifred Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	July 16 1922

What bactericidal solution was used in eyes? Silver nitrate 1 gtt. L.E.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank Leslie Thompson	FULL MAIDEN NAME	Bonnie Mains
RESIDENCE	313 North Main	RESIDENCE	313 North Main
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	St. Anthony Ida.	BIRTHPLACE	St. Joseph Mo.
OCCUPATION	Storekeeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Deam Merton

(Physician or midwife)

Address Pocatello

Filed 8/1 192 2 [illegible]
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 22 1962

~~234~~ 12 [redacted] 2/3 name added 7-27-84 dl

245 PLACE [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of B[redacted]

City of Nauman

No. ..... St.

Hospital .....

Registration District No. 52 File No. 103556

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Vernal DeOrr Kunz
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	8-20 1922

What bactericidal solution was used in eyes? 50/ary

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	O R Kunz	FULL MAIDEN NAME	Eliza A. Bacon
RESIDENCE	Nauman	RESIDENCE	Nauman
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Bern	BIRTHPLACE	Nauman
OCCUPATION	Labor	OCCUPATION	wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature]
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address [illegible]

Filed 8/22/ 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SONS WHY A

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number ..... 103556 .....

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth ..... 192....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

6-11-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 24 12 41 PM '84

State of _____ } ss.
County of _____

Certificate No. 103556
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Kunz (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 20, 1922 (Date of Event)

in Nounan (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Vernal DeOrr Kunz

Subscribed and sworn to before me this 23rd day of July, 1984

Notary Public, Mucha O Kunz

Residing at Montpelier - Idaho

My commission expires Life

(Seal)

x Vernal Kunz
Signature of Applicant

x 337 Boise St. - Montpelier Ida. 83254
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of July, 1984

Notary Public, Mucha O Kunz

Residing at Montpelier - Idaho

My commission expires Life

(Seal)

O Louis Kunz
Supporting Signature

202 So 9 E Montpelier
Street Address, City, State

C Idaho

per credit

Certificate of Blessing from LDS Church gives Vernal De Orr Kunz son of Oneal R. Kunz and Aseneth Bacon born Aug 20, 1922 in Bear Lake County was blessed Nov 5, 1922. Viewed by V.S.

JUL 27 1984

Marriage License lists Vernal Kunz and Mildred Hoff issued Sept 12, 1944. Viewed by V.S.

3 86 2191 004-265

PLACE OF BIRTH

name added 8-29-83

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

No. ..... St. Registration District No. 52 File No. 103557

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Ellen Priscilla Thornock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	8 19 1922

What bactericidal solution was used in eyes? 5% Dry

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Goldell Thornock	FULL MAIDEN NAME	Luella Swensen
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Bloomington	BIRTHPLACE	Oakley Wyo
OCCUPATION	Miner (Coal)	OCCUPATION	Wyo

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lukley

Montpelier Jan
(Physician or midwife)

Address .....

Filed 8/22/1922 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-3-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 103557
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Thornock (Name on Original Certificate) who was born (Was Born, Died, etc.) on August 19, 1922 (Date of Event)
in Bloomington (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ellen Priscilla Thornock

Subscribed and sworn to before me this 16th day of March, 1983.
Notary Public, [signature]
Residing at Logan Utah
My commission expires Aug 1984
(Seal)

[signature] Ellen Priscilla Thornock
Signature of Applicant
641 East 1500 north, Logan Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March, 1983.
Notary Public, [signature]
Residing at Logan Utah
My commission expires Aug 1984
(Seal)

[signature] Jasper Golden Thornock (father)
Supporting Signature
641 E 1500 N N. Logan Utah 84321
Street Address, City, State

lcc pd

Certificate of Blessing from LDS Church gives Ellen Priscilla Thornock daughter of J. Golden Thornock and Lillian L Swensen born Aug 19, 1922 in Bloomington was blessed Sept 3, 1922. Viewed by V.S.

MAR 29 1983

Certificate of Baptism from LDS Church gives Ellen Priscilla Thornock born daughter of Golden Thornock and Lillian L Swensen on Aug 19, 1922 was baptised Dec 16, 1930. Viewed by V.S.

445-108:004-249

PLACE OF BIRTH

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103558

County of Bear Lake

City of ~~Montpelier~~ Geo. Town

No. ..... Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Forest Smith Dunford
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.		Yes.	Aug 8 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	R. B. Dunford	FULL MAIDEN NAME	Venice B. Smith
RESIDENCE	Geo. Town.	RESIDENCE	Geo. Town.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	New England.	BIRTHPLACE	Geo. Town.
OCCUPATION	Teacher.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born, at 7 A. M. the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Dr. Geo. F. Ashley.

Montpelier, Ida.
(Physician or midwife)

Address Montpelier Ida

Filed 8/22/22 192 H H Kerr Registrar.

CEIVED
20 1922

IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP - 9 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importnce to have the full name included in the record.. Kindly fill in the information requested in the blank below nd return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of birth — City .....

Street .....

County .....

File Number 103558

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth ..... 192...

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

JAN 23 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

559-107-004-397

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

Registration District No. 52 File No. 103559

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Max Neilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug (Month) 7 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alma E Neilson	FULL MAIDEN NAME	Kathryn Tippets
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Afton Wyo	BIRTHPLACE	Georgetown Ida
OCCUPATION	School teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:43 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. Needles

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier Ida

Filed 8/22/1922 H H King
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF B[illegible]

259106 [illegible]

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELF[illegible]
BUREAU OF VITAL STATISTICS

County of Bear Lake

City of ~~Dingle~~ Wardboro.

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 52 File No. 103560

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD MILTON JAY BERREY
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.		yes.	Aug 6 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	ADAM L. Berrey	FULL MAIDEN NAME	LaReva Bissegger
RESIDENCE	Wardboro.	RESIDENCE	Dingle Wardboro.
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Dingle	BIRTHPLACE	Wardboro.
OCCUPATION	Farmer.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Alive) Born at 6 a M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Ashley
Montpelier
(Physician or ~~midwife~~)

Give names added from a supplemental report.

..... 192....

..... Registrar.

Address .....

Filed 8/22/1922 [signature]
Registrar.

[illegible] the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT ~~&~~ AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake }

Certificate No. 103560
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Milton Jay Berrey (Name on original certificate) who was born (Was born or died) on Aug. 6. 1922 (Date of event)
in S. Montpelier (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on August 16-1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Milton Jay Berrey
Name of father	A.S.Berry	Adam L. Berrey
Mother's name	Lavera Bissiger	LaReva Bissegger

Subscribed and sworn to before me this 3 day of October, 1941
Leni Evans
Notary Public, residing at Montpelier Idaho
My commission expires Jan 26-1942
[SEAL]

Signed LaReva B. Berrey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Montpelier Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of October, 1941
Leni Evans
Notary Public, residing at Montpelier Idaho
My commission expires Jan 26-1942
[SEAL]

Signed Ruth B. Watson
(Signature of any credible person other than the previous affiant.)
Montpelier Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

FEB 2 1947

SEP 8 1964

MAY 14 1952

CORRECTION TO FATHER'S NAME NOT COMPLETED IN 1941
CORRECTED 6-17-2010 CMW

131-105-004-465

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Pegram

No. ..... St.

Registration District No. 52 File No. 103561

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Blake Neale Aland

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		yes	Aug 5 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Levi Aland	FULL MAIDEN NAME Iva Ruth Montee
RESIDENCE Pegram	RESIDENCE Pegram
COLOR wh	COLOR Wh
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Bloomington	BIRTHPLACE Kansas
OCCUPATION Merchant	OCCUPATION Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a.m. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo. F. Ashley

Montpelier, Ida.

(Physician or midwife)

Address 8/22/22

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed ..... 192.....

Registrar.

and the number of each, in order of birth stated.

RECEIVED

OF IDAHO

WELFARE

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pegram

Street: .....

County: Bear Lake

File Number: 103561

Registration Dist. No.: 5

Sex of Child: Male

Date of Birth: August 5 1922

Father: Levi W. Aland
Full Name

Mother: Iva Ruth Montee
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Blake Neale Aland
Child's Name in Full

Levi Aland
Signature of Father or Mother

SEP 19 1942

SEP 3 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH
957-130-004-962

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. 103562

Hospital Montpelier Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD ROBERT FRANKLIN INGRAM
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) July (Day) 30th 1922 (Year)
Boy		Yes.	

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Mr. Harry L. Ingram	FULL MAIDEN NAME	Josie Ross.
RESIDENCE	Spokane, Wash.	RESIDENCE	Montpelier
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23. (Years)
BIRTHPLACE	Burley, Idaho.	BIRTHPLACE	Montpelier
OCCUPATION	Travelling Salesman	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo. F. Ashley
Montpelier, Ida.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address .....

Filed 8/22/1922 [signature]
Registrar.

DECEASED

MAR 11

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Kitsap } ss.

Certificate No. 103562

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Robert Franklin Ingram (Name on Original Certificate) who Born (Was Born or Died) on July 30, 1922 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Aug. 3, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Ingram	Robert Franklin Ingram
birthdate	July30, 1922	[redacted]

Subscribed and sworn to before me this 9th
day of March, 1942

Notary Public, residing at Bremerton

My commission expires Aug. 4. 1944
(Seal)

Signed ✓ Mrs. A. V. Madonia
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

West Park Bremerton Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Kitsap } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9
day of March, 1942

Notary Public, residing at Bremerton

My commission expires June 19, 1942
(Seal)

Signed Anthony V. Madonia
(Signature of Any Credible Person Other Than Previous Year)

119 Pacific Blvd. West Park, Bremerton, Wn.
(Street Address, City, State)

JAN 4 1966

993-124-004-469

PLACE OF BIRTH

RECEIVED AUG 28 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103563

County of Bear Lake.

City of Bennington

No. ..... St. Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Glen Elmo Rich
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		yes.	July 24 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Mr. E. S. Rich	FULL MAIDEN NAME	Birdie Mortensen
RESIDENCE	Afton, Wyoming	RESIDENCE	Afton.
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Afton. Wyo	BIRTHPLACE	Bennington Ida
OCCUPATION	Farmer.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo. F. Ashley.
Montpelier.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address 8/22 192 2

Filed ..... 192 ..... N. H. King
Registrar.

JAN 12

SEVERAL REASONS WHY A

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bennington, Idaho.

Street: .....

County: Bear Lake

File Number: 103563

Registration Dist. No.: 11

Date of Birth: July 24 1922

Sex of Child: Male

Father: Elmo Smith Rich (Full Name)

Mother: Birtie Mouritsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Glen Elmo Rich (Child's Name in Full)

Birtie Rich (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

459-218-004-231

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103566

County of Bear Lake

City of Montpelier

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Marjorie Meredith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
girl				yes	July 18 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jay Booth Meredith	FULL MAIDEN NAME	Marjorie Staley
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kaysville Utah	BIRTHPLACE	Springborrow Ohio
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Nudles

M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Montpelier

Filed 8/22/1922 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1953

314-114-004-439

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 103567

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Murray Boyd Lambert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Edmond Robert Lambert	FULL MAIDEN NAME	Ethel McIntosh
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Covington Ky	BIRTHPLACE	Montpelier
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 10 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Needles

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier

Filed 8/22/1922 H H Kerg
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1942

DEC 5 1955

264-113-004-363

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 103568

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Ernest Sommers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	4	yes	July (Month) 13 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ernest Sommers Jr	FULL MAIDEN NAME	Martha Lockman
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	St Paul Minn
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. Needles M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Montpelier Ida

Filed 8/22/ 19 22 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

[illegible]EASONS WHY [illegible] OF BIRTH

[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier

Street: City

County: Bear Lake

File Number: 103568

Registration Dist. No.: 1st Ward

Sex of Child: Male

Date of Birth: July 13 192 2

Father: Ernest Sommers Jr.
Full Name

Mother: Martha Lockman
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Robert Ernest Sommers
Child's Name in Full

Ernest Sommers Jr.
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

262-213004-271

PLACE OF BIRTH

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. 103569

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Olga Arlee Bostrom
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes.	July 13 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Mr. Edmond Y. Bostrom	FULL MAIDEN NAME	Mary Jane Sparks
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Chicago, Ill.	BIRTHPLACE	Dingle
OCCUPATION	Laborer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. George F. Ashley
Montpelier
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address .....

Filed 8/27/22 192 ..... Registrar.

SEVERAL REASONS A ERICATE OF

RECEIVED
DEC 2 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier

Street: Lincoln

County: Bear Lake

File Number: 103569

Registration Dist. No.:

Sex of Child: Female

Date of Birth: July 13th 1922

Father: Edward Young Bostrom (Full Name)

Mother: Mary Jane Sparks (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Olga Arlee Bostrom

Child's Name in Full

E. Y. Bostrom

Signature of Father or Mother

- - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-110-004-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... Subdivision District No. 52 File No. 103570

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD [redacted]

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	and		Yes.	July 10 1923

What bactericidal solution was used in eyes? Argyrol 50%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	James Williams	FULL MAIDEN NAME	Elizabeth Black
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ill.	BIRTHPLACE	England.
OCCUPATION	Laborer	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) Dr. George F. Ashley

Montpelier
(Physician or midwife)

Address Montpelier Idaho

Filed July 12 1923 [illegible]
Registrar.

JAN 1 9 1976

318-217-004-284

PLACE OF BIRTH

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... Registration District No. 32 File No. 103571

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Beverlie LaVern Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl		yes.	July 7 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	John E. Taylor.	FULL MAIDEN NAME	June S. Shupe
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Pocatello	BIRTHPLACE	Montpelier
OCCUPATION	Engineer.	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo. F. Ashley
Montpelier
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address .....

Filed 8/22/ 1922 [signature] Registrar.

STATE OF IDAHO

SEVERAL REASONS
EACH CHILD

JAN 20 1945

245-206-004-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bern

No. ..... St.

Registration District No. 52

File No. 103572

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD LaRue Kunz
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl		yes	July 6 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Parley P. Kunz	FULL MAIDEN NAME	Hilda Stoor
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Bern Ida	BIRTHPLACE	Henry Ida
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George F. Ashley
Montpelier
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Montpelier Ida

Filed 8/22 192 2 H H Kunz Registrar.

MAY 5 1967

JUN 3 1944

218-103-004-341

PLACE OF BIRTH
name added 2-10-83

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 23 1922

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Registrar's District No. 52

File No. 103573

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Junior S Payne
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.			Yes	July 3 1922

What bactericidal solution was used in eyes? Argyrol 5 %

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME Nephi W. Payne	FULL MAIDEN NAME Ada Smart
RESIDENCE George Town	RESIDENCE George Town
COLOR W	COLOR W.
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Bloomington Ida	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 P.M. M. on the date above stated.

(Signature) George F. Ashley
Montpelier
(Physician or midwife)

Address .....

Filed ..... 192 .....

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

1-27-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Salt Lake } ss.

FEB 8 2 52 PM '83

Certificate No. 103573
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Payne (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 3, 1922 (Date of Event)

in Georgetown (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Junior S Payne

Subscribed and sworn to before me this 3rd day of Feb 19 83

Notary Public, [signature]
Residing at Salt Lake City, Ut.
My commission expires 11-30-83
(Seal)

X Junior S Payne
Signature of Applicant

6815 S. 375 E. 84047
Street Address, City, State
Midvale, Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of Feb 19 83

Notary Public, [signature]
Residing at Salt Lake City, Ut
My commission expires 11-30-83
(Seal)

[signature]
Supporting Signature

1350 Littler Circle
Street Address, City, State

Certificate of Baptism from LDS Church gives Junior S Payne born July3, 1922 at Georgetown son of Nephi W Payne and Ada Smart and was baptised Sept 28, 1930. Viewed by V.S.

FEB 10 1983

Certificate of Ordination to the Holy Priesthood in LDS Church gives Junior Payne was ordained a deacon on Dec 16, 1934. Viewed by V.S.

229-201-004-455

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Sharon

No. ..... St.

Registration District No. 52

File No. 103574

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Anona Skinner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	7 1 1922

What bactericidal solution was used in eyes? Vr Ag

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Frank E Skinner	FULL MAIDEN NAME	Pauline Derricott
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	3[illegible]
BIRTHPLACE	Sharon Ida	BIRTHPLACE	Liberty Ida
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Montpelier Ida

Filed 8/22 1922 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Sharon Idaho
Street: .....
County: Bear Lake

File Number: 103574

Registration Dist. No.: 24

Date of Birth: July 1 1922

Sex of Child: Female

Father: Frank Edwin Skinner
Full Name

Mother: Paulina Herricott Skinner
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Anona Skinner
Child's Name in Full

Paulina Skinner
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

442-106-004-269

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 103575

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD John William Dukes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	June 6 1922

FATHER		MOTHER	
FULL NAME	Roy C Dukes	FULL MAIDEN NAME	Emma C Sorenson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Lewisville Mek	BIRTHPLACE	Ovid Ida
OCCUPATION	Boilermaker Ry.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. Needles M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Montpelier Ida

Filed 8/22/ 1922 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier

Street: 11

County: Bear Lake

File Number: 103575

Registration Dist. No.:

Date of Birth: June 6 1922

Sex of Child: Male

Father: Roy L. Lukes (Full Name)

Mother: Emma Sorensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John William Lukes
Child's Name in Full

Mrs Emma Lukes
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

295-101-004-45-4

PLACE OF BIRTH

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52 File No. 103576

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 6-1-22 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis E Kerry	FULL MAIDEN NAME	Ida P Lemmick
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sheep Creek	BIRTHPLACE	Wardboro
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address Montpelier

Filed 8/22/22 19.....

[signature] H H Kerry

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF

Boise, Idaho,.....

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number, 103576

Registration Dist. No. .....

Sex of Child Male

Date of Birth .....192....

Father ..... Mother .....

Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

344-129-004-155

PLACE OF BIRTH

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

File No. 103577

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Gerald Francis Cummings, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month)	(Day)	(Year)
Boy		yes.	6	29	1922

What bactericidal solution was used in eyes? 5% argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	J. F. Cummings	FULL MAIDEN NAME	Rose Jensen.
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Montpelier Kansas	BIRTHPLACE	Montpelier
OCCUPATION		OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo. F. Ashley
Montpelier.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address 8/22/1922

Filed ..... 192..

H. H. King
Registrar.

JAN 7 194

SEVERAL REASONS WHY A CERTIFICATE OF BIR
AND TH COMPLETED WITH

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier

Street: Depot

County: Bear Lake

File Number: 103577

Registration Dist. No.: 3

Sex of Child: Male

Date of Birth: June 29, 1922

Father: Gerald Francis Cummings (Full Name)

Mother: Rose Jensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gerald Francis Cummings Junior

(Child's Name in Full)

Mrs. G. F. Cummings

(Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

759.119.004.445

PLACE OF BIRTH

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103578

County of Bear Lake

City of Bennington

No. ..... St.

Registration District No. 52

File No. .....

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Barbara Perkins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Gre		Yes	6 19 1922

What bactericidal solution was used in eyes? 5% Aug

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	David H Perkins	FULL MAIDEN NAME	Romina Munk
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Bennington	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Nyse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 69 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lichley

Manzelle
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address .....

Filed 8/1 1922 H H King
Registrar.

SEVERAL REASONS [illegible] A CERTIFIC[illegible]
[illegible] FILED FOR EACH CHIL[illegible]

BUREAU OF VITAL STATIST

Place of Birth — City: Bennington

Street:

County: Bear Lake

File Number: 103578

Registration Dist. No.:

Sex of Child: Female

Date of Birth: June 19

Father: David Hunter Perkins (Full Name)

Mother: Carrie Rosina [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Barbara Perkins

Child's Name in Full

Mrs. D. H. Perkins

Signature of Father or Mo

TICS. It establishes legally the date of the child's birth, parentage
imacy.

enables the Public Health Nurse to make sure the child has
cted from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

The correct age for purposes of school attendance.
Employment.
Protection under the law.
..192.2. Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.
Just at this time while many of the Ex-Service men are com-
rnish certified copies of certificates of birth, it is im-
the certificates be filed with the BUREAU OF VITAL STATIS-
same completed by furnishing the name of the child.

other

EASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

c194-220-004-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District [illegible] 103579

Hospital .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Yvonne Dimick
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Aug 20th 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Donald A. Dimick	FULL MAIDEN NAME	Anita Gay.
RESIDENCE	Montpelier - Ida	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	France
OCCUPATION	Laborer.	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at G.P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Kuer MD
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Montpelier Ida

Filed 8-22 192 H H Kuer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

319-116-004-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 28 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103580

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Russell Larsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 16th 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John R. Larsen	FULL MAIDEN NAME	Pauline Severn
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Locomotive Engineer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 8-22 1922 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 0 1969

796-215-004-295

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103581

County of Bear Lake
City of Montpelier
No. ..... St. .....
Registration District No. 52
File No. .....
Hospital .....
Primary Registration District No. 2136
Registered No. .....

FULL NAME OF CHILD Mary Barbara Groo
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	August 15 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Russel Paul Groo	Katherine Brennan
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Utah	Idaho
OCCUPATION	Auto Mechanic	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Kunz MD
Physician
(Physician or midwife)

Address Montpelier Ida

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Sept 1922 H H Kunz
Registrar.

MAY 6 1942

STATE OF [illegible]
[illegible]MENT OF PUBLIC WELFARE
[illegible]REAU OF VITAL STATISTICS

[illegible]RTIFICATE OF BIRTH

103581

PLACE OF BIRTH

County of .....

City of .....

No. ..... St. Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth ..... 192 (Year)

Who [illegible] was used in [illegible]

[illegible]

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

CERTIFICATE OF [illegible] PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of [illegible] who was [illegible] on the date above stated.

[illegible] Signature

(Physician or [illegible])

Give names and [illegible] supplemental report.

[illegible]

[illegible]

395-109-60F-315

Amended Oct 31, 1969

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 103582
Local Reg. No.
Reg. Dist. No. 52

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Harry b. (Middle): Junior c. (Last): Tingey

4. SEX: Male

5a. THIS BIRTH — SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): August 9, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Henry b. (Middle): Bywater c. (Last): Tingey

8. AGE (At time of this birth): 23 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Auto Mechanic

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lillian b. (Middle): c. (Last): Lane

13. AGE (At time of this birth): 20 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. H. King, M.D.

18. ATTENDANT AT BIRTH — M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Montpelier, Idaho

20. DATE SIGNED: 8-22-1922

21. DATE REC'D BY LOCAL REG.: 8-22-1922

22. REGISTRAR'S SIGNATURE: H. H. King

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
OCT 10 1969
Bureau of Vital Statistics

State of California
County of Contra Costa } ss.

Certificate No. 103582

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Harry B. Tingey Jr. (Name on Original Certificate) who was born (Was Born or Died) on August 9, 1922 (Date of Event)

in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on September 29, 1969 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Harry B. Tingey Jr.	Harry Junior Tingey
Name of Father	Harry B. Tingey	Henry Bywater Tingey

Subscribed and sworn to before me this 8th day of October 19 69

Patricia Jackson

Notary Public, residing at Concord, Cal.

My commission expires 8-17-71

(Seal)

Signed Mrs. Chas. Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4054 Phoenix St. Concord
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of ContraCosta } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of October 1969

Patricia Jackson

Notary Public, residing at Concord, Cal.

My commission expires 8-17-71

(Seal)

Signed Ingrid L. Anderson
(Signature of Any Credible Person)

1560 West St., Concord, Calif.
(Street Address, City, State)

L. 8-31.47

FORM DH 60-155

L. D. S. Church Certificate of Record issued Oct 29, 1954, Salt Lake City, Utah gives the following: Harry Junior Tingey born Aug 9, 1922 at Montpelier, Idaho to Henry Bywater Tingey and Lillian Adeline Lane. Recorded Montpelier Stake 1922. viewed by V.S.

Certificate of Ordination, L.D.S. Church gives name as Harry Junior Tingey, father Henry Bywater Tingey, mother Lillian Lane dated Feb 9, 1940. viewed by V.S.

346-122-004-638

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

File No. 103583

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Allen Robert Linwall Jr

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	July 22 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Allen Robert Linwall	FULL MAIDEN NAME	Martha Ochsenbein
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician

(Physician or midwife)

Address Montpelier Idaho

Filed 5 22 1922 H H King

Registrar.

Give names added from a supplemental report.

....., 192....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

LINVALL

Dup of 22-184416

249-107-004-747

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 23 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. — St.

Registration District No. 52 File No. 103584

Hospital

Primary Registration District No. 2136 Registered No.

FULL NAME OF CHILD Allan Thomas Burke
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 7th 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Arthur M. Burke	FULL MAIDEN NAME	Gertrude Pugmire
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Loco. Engineer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Kerry MD
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Montpelier Idaho

Filed 8-22 1922 H H Kerry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/30/41

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake }

Certificate No. 103584
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Hamilton Kent Burke (Name on original certificate) who born (Was born or died) on July 7 - 1922 (Date of event)
in Montpelier Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
name to be changed	Hamilton Kent Burke	Allan Thomas Burke

Subscribed and sworn to before me this 15 day of July, 1941

Leri Allard
Notary Public, residing at Montpelier Idaho
My commission expires Jan 26th 1942
[SEAL]

Signed Gertrude E. Burke
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Montpelier Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bear Lake }

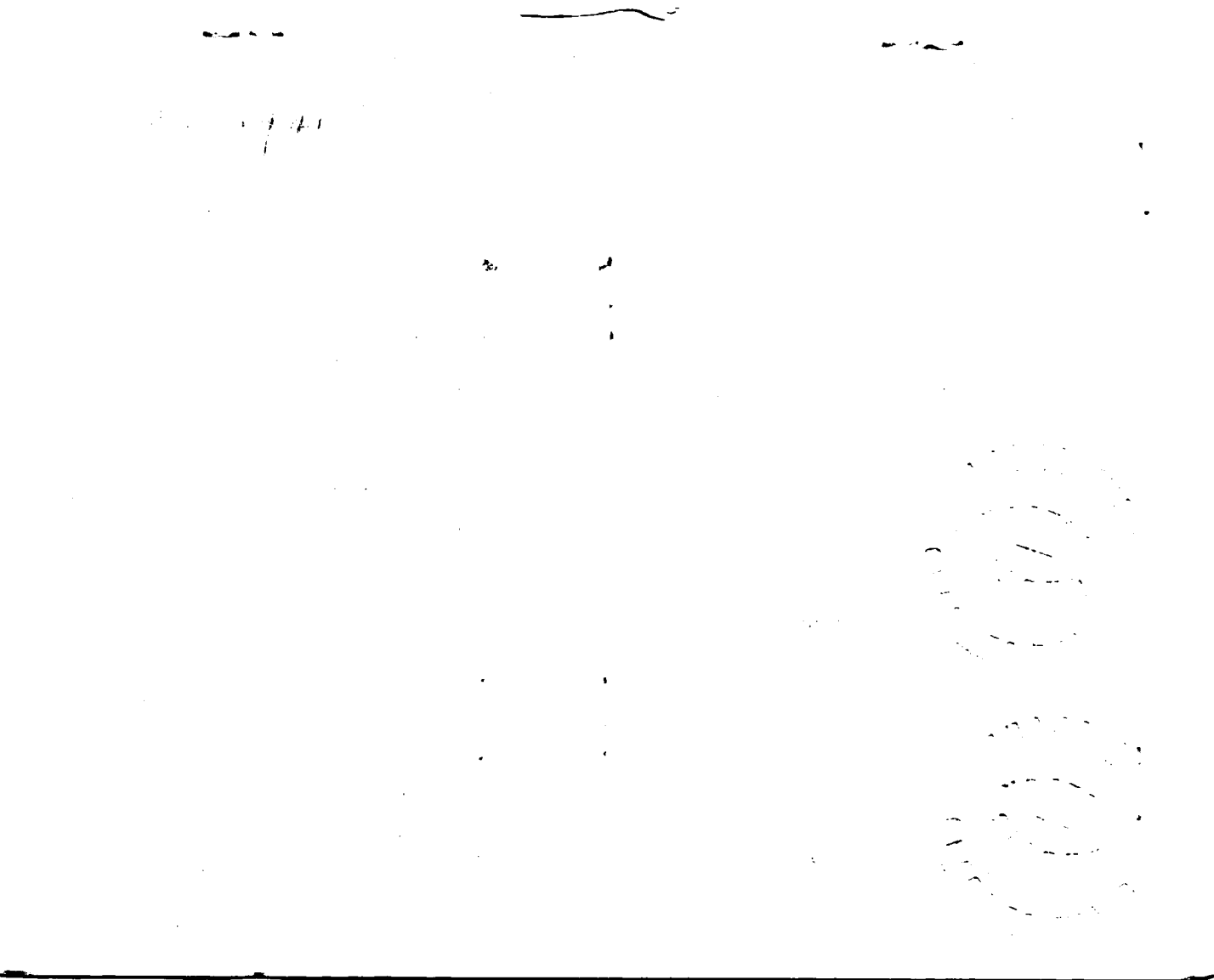
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of July, 1941

Leri Allard
Notary Public, residing at Montpelier Idaho
My commission expires Jan 26th 1942
[SEAL]

Signed Arthur M Burke
(Signature of any credible person other than the previous affiant)
Montpelier Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)



Amended 10/28/71

PLACE OF BIRTH 356-205-004-214

[illegible] DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103587

County of Bear Lake

City of Paris

No. ..... St. ..... Registration District No. 63 ..... File No. 100

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jean Lewis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	X		X	yes	7	15	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10 % solution of argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Franklin Ralph Lewis	FULL MAIDEN NAME	Martha Kaufman
RESIDENCE	Paris, Ida	RESIDENCE	Paris Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Paris, Ida.	BIRTHPLACE	Switzerland
OCCUPATION	Labor Man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. J. Dutton M.D.
(Physician or midwife)

Address Paris Ida

Filed Aug 9 1922 Mrs. J. S. Skinner
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

... one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-20-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED OCT 27 1971 Bureau of Vital Statistics

State of ..... Certificate No. 103587

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Jean Lewis (Name on Original Certificate) who was born (Was Born or Died) on July 15, 1922 (Date of Event)

in Paris (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of child	Male	Female

Subscribed and sworn to before me this 24 day of October, 1971

Carol M Elkins

Notary Public, residing at Sandy, Ut

My commission expires Nov 19, 1973

(Seal)

✓ Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2451 La Joya Dr. V.L.C.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of October, 1971

Carol M Elkins

Notary Public, residing at Sandy, Utah

My commission expires Nov 19, 1973

(Seal)

Signed [signature]

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 C.C. (L.)

Marriage Certificate from Utah gives groom's name as Jack Albert Dickson and the bride's name as Jean Lewis. Dated March 29, 1965. Viewed by V. S.

Certif. of Birth from LDS Church gives name as Jean Lewis born July 15, 1922 at Paris, Idaho. Father's name as Franklin Ralph Lewis and mother's maiden name as Martha Kaufman. Enteredon record Aug. 6, 1922. Viewed by V. S.

NOV 3 1971

391-215-004-253

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 1 BUREAU OF

CERTIFICATE OF BIRTH 103588

Registration District No. 43 File No. 101

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Annie Crawford
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	X and	X	yes	7 15 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10% solution Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles Crawford	FULL MAIDEN NAME	Roda Ellis
RESIDENCE	Paris, Idaho	RESIDENCE	Paris
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Sutton M.D.
(Physician or midwife)

Address Paris.

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Aug 9 1922 Mrs. J. S. Skinner
Registrar.

and the number of each, in order of birth stated.

DE

Boise, Idaho, ... SEP 9 1922 ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: El Paso

Street:

County: Ben Lake

File Number: 103588

Registration Dist. No.:

Sex of Child: Female

Date of Birth: July 15 192 2

Father: Charles Crawford (Full Name)

Mother: Rhoda Bell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Annie Crawford

Child's Name in Full

Charles Crawford

Signature of Father or Mother

SEP 24 1965

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

234-112-004-799

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103589

County of Bear Lake

City of Paris

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

No. ..... St. ..... Registration District No. 53 File No. 99

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Owen Price Stucki
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
male	X		X	yes	7	12	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10% solution of argyrol

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Joseph S. Stucki	FULL MAIDEN NAME	Mary Price
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Paris	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Dutton
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Paris Ida

Filed Aug 9 1922 Mrs. J. S. Skinner
Registrar.

One child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-227-604-234

RECEIVED AUG 17 19.. BUREAU OF VI. STATISTICS

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103590

Registration District No. 513 File No. 96

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ruth Richards
(Certificate of no value without full name of child.)

Sex of Child female	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? yes	Date of birth 6 (Month) 27 (Day) 1922 (Year)

What bactericidal solution was used in eyes? 10% solution of argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wilford W. Richards	FULL MAIDEN NAME	Elfie ~~Richards~~ Stucki
RESIDENCE	Paris, Idaho.	RESIDENCE	Paris, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Farmington	BIRTHPLACE	Utah
OCCUPATION	School teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Button

M.D.
(Physician or midwife)

Address Paris

Filed July 14 1922 Mrs J S Skinner
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 27 1972

MAY 2 2 1943

363.103.004-653

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECE. AUG 17 1 BUREAU OF V. STATISTICS

County of Bear Lake

City of Paris

No. ..... St.

Registration District No. 56

File No. 103591

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Kay James Collings
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	X		X	yes	6 8 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10% solution of argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles Rich Collings	FULL MAIDEN NAME	Eva Feller
RESIDENCE	Paris, Idaho	RESIDENCE	Paris, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Paris	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. J. Sutton
M.D.
(Physician or midwife)

Address Paris, Ida

Filed July 14 1922 Mrs. J. S. Skinner
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-10-41

318-217-00K-386

PLACE OF BIRTH

Amended 3/4/77

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103592

County of Bear Lake

City of Bloomington

No. ..... St. Registration District No. 63 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Gladys Payne

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	X	X	yes	6 17 1922

What bactericidal solution was used in eyes? 10% solution argyrol

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	Frank Payne	FULL MAIDEN NAME Maryann Thornock
RESIDENCE	Bloomington	Bloomington
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	46	37
BIRTHPLACE	Bloomington, Ida	Bloomington
OCCUPATION	Farmer	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Sutton M.D.

(Physician or midwife)

Address Paris

Filed July 14 1922 Mrs. J. S. Skinner

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SONS WHY A CERTI
AND THE SAME

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office: It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED 27 1922 BUREAU OF VITAL STATISTICS

Place of Birth: City Bloomington; Street; County Bear Lake

File Number 103592

Registration Dist. No.

Sex of Child female Female

Date of Birth June 17th 192

Father Frank Payne
Full Name

Mother Mary A Thornock
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Glades Payne
Child's Name in Full

Mary A Payne
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. FEB 25 11 17 AM '77
County of ..... }

Certificate No. 103592

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Glades Payne (Name on Original Certificate) who was born (Was Born or Died) on June 17, 1922 (Date of Event)
in Bloomington, Idaho (bear Lake) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Glades Payne	Gladys Payne

Subscribed and sworn to before me this 24 day of February, 19 77

Notary Public, residing at Paris Idaho

My commission expires May 13 1977

(Seal)

Signed James R Hanks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 So Main Paris Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Leonora L Stucki
(Signature of Any Credible Person)

Paris Idaho
(Street Address, City, State)

FORM DH 60-155 CL 2/2/77 nm

Family group record gives name as Gladys Payne. born June 17, 1922 at Bloomington,Idaho. husband's name as Orson Leo Spencer. viewed by V.S.

Marriage License drom Idaho gives nameas Gladys Payne and the groom's name as Orson Leo Spencer. viewed by V. S.

MAR 4 1977

759.124.004-418

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103593

County of Bear Lake

City of Bloomington

No. ..... St. Registration District No. 53 File No. 98

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ira Glenn Perkins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	X		X	yes	6 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10% solution argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ira Perkins	FULL MAIDEN NAME	Florence May
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wyoming	BIRTHPLACE	England
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sutton
MW
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Paris

Filed July 14 1922 Mrs J S Skinner
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPA.

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bloomington

Street: .....

County: Bear Lake

File Number: 103593

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: June 24th 1922

Father: Ira Erwan Perkins (Full Name)

Mother: Florence May Ar... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ira Glenn Perkins
Child's Name in Full

Mrs. I. E. Perkins
Signature of Father or Mother

NOV 22 1966
AUG 0 9 1995

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
[LED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

695.125.008-389

PLACE OF BIRTH

RECEIVED SEP 1 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Fish Haven

No. ____ St. Registration District No. ____ File No. 103595

Hospital ____ Primary Registration District No. 58* Registered No. ____

FULL NAME OF CHILD Clayton Lyzack Findlay
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	7 25 1923

What bactericidal solution was used in eyes? 10% solution of Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Laurel C. Findlay	Grace Lyzack
RESIDENCE	Fish Haven	Fish Haven
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Fish Haven, Ida	Provo Utah
OCCUPATION	Rancher	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Sutton M.D.
(Physician or midwife)

Address Paris

Give names added from a supplemental report.

....., 192....

Filed Aug 24 1923 John Mattson
Registrar.

....
Registrar.

...e than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
CHILD AND

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Fish Haven
- Street: .....
- County: Bear Lake

File Number: 103595

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 25 1922

Father: Laurel Charles Lindsay
Full Name

Mother: Grace Eloise Tyzack
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Clayton Tyzack Lindsay
Child's Name in Full

Grace Lindsay
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

363-118-004-318

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Fish Haven

No. ____ St. Registration District No. ____ File No. 103596

Hospital ____ Primary Registration District No. 5-5- Registered No. ____

FULL NAME OF CHILD Taylor Francis Cottle

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	X and	X	yes	7-18-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10 % solution of argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Ruben Frank Cottle	FULL MAIDEN NAME Ada Evelyn Taylor
RESIDENCE	Fish Haven	RESIDENCE Fish Haven
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Restaurant owner	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 20 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. J. Sutton M.D.

(Physician or Midwife)

Address Paris, Ida

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Aug 24 1922 John Mattson

Registrar.

SEVERAL REASONS WHY A CERTIFICA[illegible] SHOULD
ED FOR EACH CHILD AND THE SAME COMPLETED WITH THE

DECEASED

Died 10-06-03
Idaho
03-7489

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Fish Haven

Street: .....

County: Bear Lake Co.

File Number: 103596

Registration Dist. No.: .....

Date of Birth: [redacted] 18th, 192.2

Sex of Child: Male

Father: Reuben Francis Cottle
Full Name

Mother: Ada Evelyn Taylor
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Taylor Francis Cottle.
Child's Name in Full

R. F. Cottle
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. [illegible] and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-208-005 75-9

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewa... City of St. Mari... No. 11th College... Hospital St. Maries... Primary Registration District No. 32... File No. 103597... Registered No. 47...

FULL NAME OF CHILD Dorothy Jail Harrigan
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		yes.	7-4 1922

What bactericidal solution was used in eyes? argyrol 10% Solution

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Everett R. Harrigan.	FULL MAIDEN NAME Irene Yenor.
RESIDENCE St. Maries. Idaho.	RESIDENCE St Maries Idaho
COLOR White.	COLOR White.
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Rhinelander. Wis.	BIRTHPLACE Wood Boro. Wisconsin
OCCUPATION Mill-hand.	OCCUPATION house wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
Physician
(Physician or midwife)

Address St Maries Ida

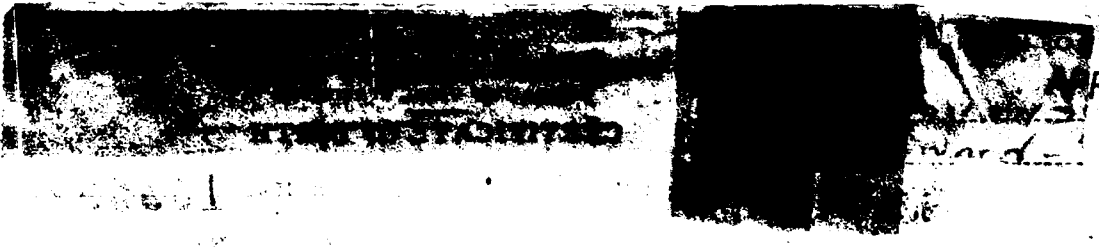
Filed 8/8 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



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652-109-0015-2015

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

DE[redacted]

BUREAU OF VITAL STATISTICS

County of Benewah

City of St Maries

No. 4th & College St.

CERTIFICATE OF BIRTH

103598

District No. 32 File No.

Hospital Primary Registration District No. 2049 Registered No. 48

FULL NAME OF CHILD Phillip Lee Westling
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		2	Yes	7-4-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Prolong

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Philip Lee Westling	FULL MAIDEN NAME	Gladys Helen Shefler
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mann	BIRTHPLACE	Wis —
OCCUPATION	RR Conductor	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Plott

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address St Maries, Ida

Filed 8/8 1922 Osmunger
Registrar.

DEC 24 1958

OCT 20 1989

663-[illegible]05-455

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

DEPART[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. 4th + College St.

Registration District No. 32

File No. 103599

Hospital

Primary Registration District No. 2049

Registered No. 50

FULL NAME OF CHILD ~~Theodore~~ Ted Ray Wolf

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		5	Yes	7-9-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protonol Sol

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Theodore Wolf	FULL MAIDEN NAME	Myrtle Minnick
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Harness maker	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1.30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Physician

(Physician or midwife)

Give names added from a supplemental report.

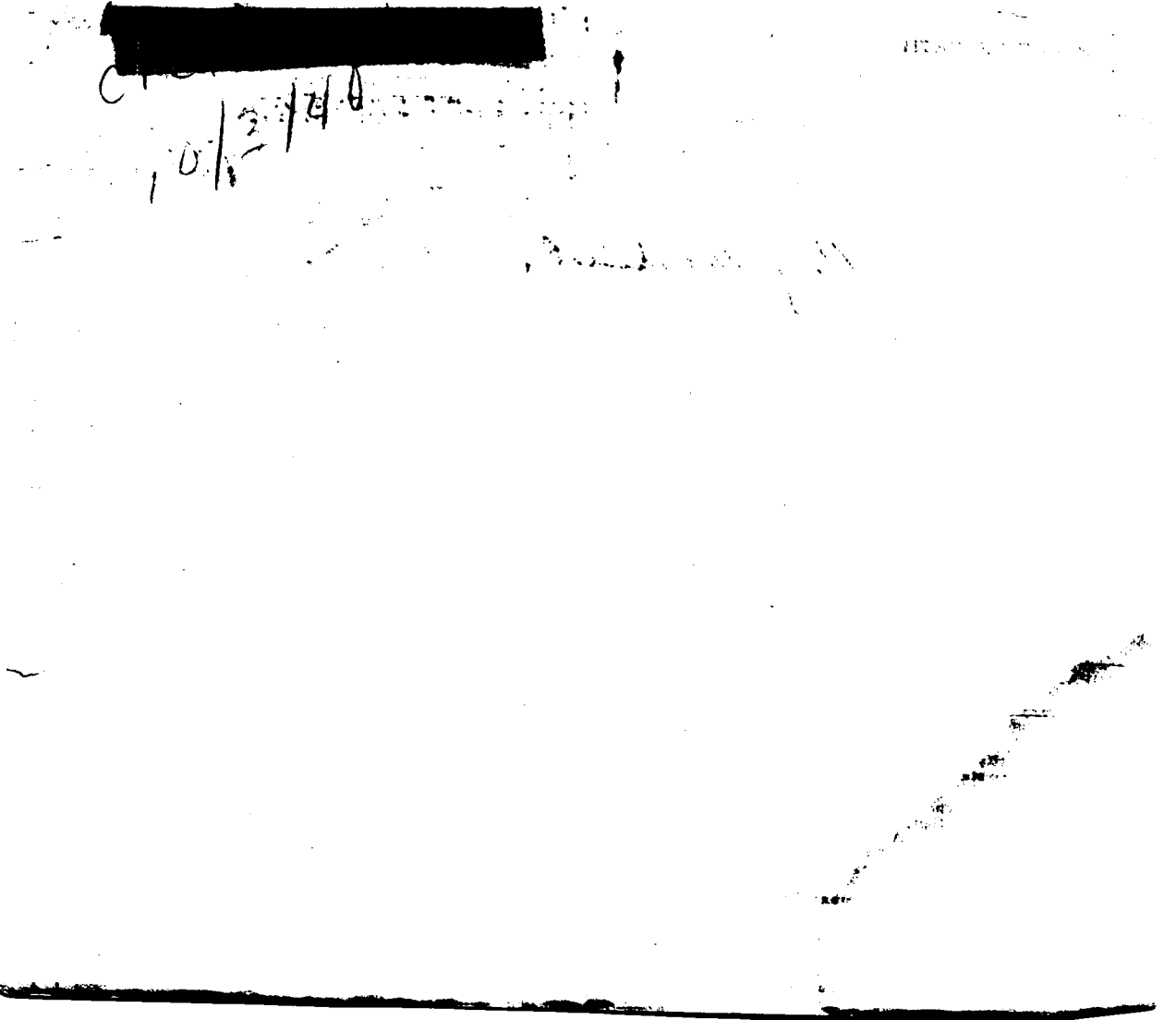
Address St Maries, Ida

..... 192....

Filed 8/8 1922 O S Meager

Registrar.

Registrar.



[redacted]

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. 4th & College St.

Hospital

Registration District No. 32

Primary Registration District No. 2049

File No. 103600

Registered No. 51

FULL NAME OF CHILD Roy Muriel ~~Merlet~~, Swope

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
m	—		1	yes	7	10	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Prolargol Sol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lionel. Le Roy. Swope	FULL MAIDEN NAME	Beulah Pierce
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Woodsman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Ilm, at 11.30 a M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O.D. Platt

Physician

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 192....

.....

Registrar.

Address St Maries, Ida

Filed 8/8 1922 B Munger

Registrar.

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866-214-005-253

PLACE OF BIRTH

County of Benewah

City of St Maries

No. 4th & College St.

Hospital

RECEIVED 17 1922 OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103602

Registration District No. 32 File No.

Primary Registration District No. 2049 Registered No. 53

FULL NAME OF CHILD Eunice Ramona Howard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		1	Yes	7 14 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Prolorgol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lewis Howard.	FULL MAIDEN NAME	Freda Beck
RESIDENCE	St Joe Idaho	RESIDENCE	St Joe Ida
COLOR	white	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	B.C.	BIRTHPLACE	[illegible]
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6.36 a M. on the date above stated.
(Born alive or stillborn)

(Signature) O. D. Platt

Physician
(Physician or midwife)

Address St Maries Ida

Filed 8/9 1922 Bruenger
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

DEC 14 1943

437-117-005-435

PLACE OF BIRTH

County of Benewah

City of St Maries Ida

No. 4th & College St.

[redacted] LFARE

TH

No. 103603

Hospital

Primary Registration District No. 2049 Registered No. 54

FULL NAME OF CHILD Harold Dale McGregor

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		6	Yes	7 17 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargol sol

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	George A McGregor	FULL MAIDEN NAME	Grace McNeil
RESIDENCE	Benewah Ida	RESIDENCE	Benewah Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Wis	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Plott

Physician

(Physician or midwife)

Give names added from a supplemental report.

Address St Maries, Ida

....., 192....

Filed 8/9 1922 D. Meager

Registrar.

Registrar.

6 3 of 41
8-12-41 [redacted]

296-121-005-268

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. 1126 + College St.

Registration District No. 32 File No. 103604

Hospital St. Maries Primary Registration District No. 2049 Registered No. 55

FULL NAME OF CHILD Lawrence Irving Krogen, Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	\		\	Yes	7-21-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol - 10 %.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth ✓

FATHER		MOTHER	
FULL NAME	Lawrence Irving Krogen	FULL MAIDEN NAME	Irene Kahallek
RESIDENCE	Fernwood, Idaho	RESIDENCE	Fernwood, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Manistee, Mich	BIRTHPLACE	Breckenridge, Minn
OCCUPATION	Purchasing Agent	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 10 A M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Robins
Physician
(Physician ~~or midwife~~)

Address St Maries Ida

Filed 8/9 1922 B Meeager
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-225-040-994

[redacted]F BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]oshone

City of Arvin Idaho

No. ..... St.

Registration District No. 32 File No. 103605

Hospital St Maries Idaho Primary Registration District No. 2049 Registered No. 56

FULL NAME OF CHILD June Montana Mahoney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F	1st.	yes	July 25 1922

What bactericidal solution was used in eyes? Argyrol 10% sol.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	J. F. Mahoney	FULL MAIDEN NAME	Vera Zimmermann
RESIDENCE		RESIDENCE	Arvin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	New Brunswick Canada	BIRTHPLACE	Youngstown Ohio
OCCUPATION		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Cornwall

Physician
(Physician ~~or midwife~~)

Address St Maries Idaho

Filed 8/19 1922 O. S. Murager
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

419-[redacted]213

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103606

County of [redacted]

City of St Maries Idaho

No. 11th & College St. Registration District No. 32 File No.

Hospital St Maries Hosp. Primary Registration District No. 2049 Registered No. 57

FULL NAME OF CHILD Allen Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.	3rd.	yes.	7/25 1922

What bactericidal solution was used in eyes? Argyrol 10% Sol.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Oren Martin	FULL MAIDEN NAME	Flora Baldwin
RESIDENCE	St Maries Idaho	RESIDENCE	St Maries Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Walla Walla, Wash.	BIRTHPLACE	Colfax, Wash.
OCCUPATION	Engineer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.46 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S Cornwall

Physician
(Physician or midwife)

Address St Maries Idaho

Filed 8/9 1922 O Sneeroger
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1942

[redacted]

266-116-005 433

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED 17 1922

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Hospital .....

Registration District No. 32 File No. 103607

Primary Registration District No. 2049 Registered No. 59

FULL NAME OF CHILD Donald Lee Swofford

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.	\		\	yes	April 16 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lee A Swofford	FULL MAIDEN NAME	Lillian Elsie McLean
RESIDENCE	Fernwood Idaho.	RESIDENCE	Fernwood Idaho
COLOR	white	COLOR	white.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	wash.
OCCUPATION	R.R. Brakeman	OCCUPATION	House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Kinsolving
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Maries Idaho

Filed 8/9 1922 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 2 1 1942

253-101-005-253

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of St Maries

No. St Joe River County

Registration District No. 32 File No. 103608

Primary Registration District No. 2049 Registered No. 60

Hospital \

FULL NAME OF CHILD George Bel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	\	\	yes.	June 1st 1922

FATHER		MOTHER	
FULL NAME	Emile Bel	FULL MAIDEN NAME	Angele Bel
RESIDENCE	St Maries (County)	RESIDENCE	St Maries (County)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:30 a M. on the date above stated.

(Signature) [signature]

Physician

(Physician or midwife)

Address St Maries Idaho

Filed 8/9 1922 [signature] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

385-217-005-153

PLACE OF BIRTH

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

No. ..... St.

Registration District No. 31 File No. 2 103609

Hospital ..... Primary Registration District No. ..... Registered No. 26

FULL NAME OF CHILD Telma Rita Cherrapkin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7.		Yes	Aug 17 1922

What bactericidal solution was used in eyes? eyeserol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Joseph Cherrapkin	FULL MAIDEN NAME	Anne Antelope
RESIDENCE	Desmet Ida	RESIDENCE	Desmet Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(~~Born alive or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne Antelope
(~~Physician or midwife~~)

Address Desmet Ida

Filed 9/1/1922 Y. L. Pikan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-23-005 5-46

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 1922 BUREAU OF VITAL STATISTICS

County of Benewah

City of Desmet

No. ..... St. Registration District No. 31 File No. 103610

Hospital ..... Primary Registration District No. ..... Registered No. 25

FULL NAME OF CHILD Matilda Quinamosa
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Aug 13 1922

What bactericidal solution was used in eyes? eyeserol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Bernard Quinamosa	FULL MAIDEN NAME	Anne Edward
RESIDENCE	Desmet Ida	RESIDENCE	Desmet, Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(~~Born alive or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne Edward

(~~Physician or midwife~~)

Address Desmet, Idaho

Filed 9/1/ 1922 Y. Le Bihan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

191-2-2 005-418

PLACE OF BIRTH

RECEIVED SEP 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103611

County of Benewah

City of Desmet

No. ..... St.

Registration District No. 31 File No. 2

Hospital .....

Primary Registration District No. ..... Registered No. 24

FULL NAME OF CHILD Berenice Magdelen Arapa
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Aug 12 1922

What bactericidal solution was used in eyes? Eyesevol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Louis Arapa	FULL MAIDEN NAME	Mary Magdelen
RESIDENCE	Desmet Idaho	RESIDENCE	Desmet Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(~~Born alive or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Magdelen
(~~Physician or midwife~~)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Desmet Idaho

Filed 9/1/1922 Y. Le Bihan Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-228-005-363

PLACE OF BIRTH

RECEIVED SEP 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

No. ..... St.

Registration District No. 31

File No. 2 103612

Hospital .....

Primary Registration District No. .....

Registered No. 23

FULL NAME OF CHILD Mary Rosalie Rickman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June (Day) 28 (Year) 1922
F.		Yes	

What bactericidal solution was used in eyes? Eyesevol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Albert Rickman	FULL MAIDEN NAME	Mary Collet
RESIDENCE	Desmet, Ida	RESIDENCE	Desmet Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert Rickman

(Physician or midwife)

Address Desmet Idaho

Filed 9/1/1922 Y. L. Bihan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1943

891-130-006-813

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 1 St.

Hospital

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Registration District No. 131 File No. 103613

Primary Registration District No. 2174 Registered No. 245

FULL NAME OF CHILD Moran Leon Hiatt
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 30 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Wilford Z. Hiatt	FULL MAIDEN NAME	Mary Hales
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	North Carolina	BIRTHPLACE	England
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician ~~or midwife~~)

Address Blackfoot Idaho

Filed Aug 6 1922 Mrs Helen E. [illegible]
Registrar.

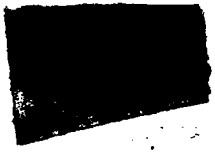
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



DEC 5 1944

513-201006-395

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD# 1 St.

Registration District No. 121 File No. 103614

Hospital

Primary Registration District No. 2194 Registered No. 296

FULL NAME OF CHILD Vernetta Rose Hall
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	—		—	Yes	July	[illegible]	192[illegible]

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Golden H. Hall	FULL MAIDEN NAME	Rose Elnora Lindsay
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot Idaho

Filed Aug 6 1922 Mrs Walter E. [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

TE OF IDAHO

IT OF PUBLIC WELFARE

SEP - 1 1922

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Place of Birth — Street: .....

Place of Birth — County: Bingham

File Number: 103614

Registration Dist. No.: 34

Sex of Child: Female

Date of Birth: July 1 192.2

Father: Golden H. Hale
Full Name

Mother: Rose Elnora Lindsay
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Vernetta Rose Hale
Child's Name in Full

Elnora Hale
Signature of Father or Mother

NOV 2 1 1975

SEP 2 0 19

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

123-205-006-197

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 1922 BUR

CERTIFICATE OF BIRTH

103615

County of Bingham

City of Blackfoot

No. South University St.

Hospital

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 247

FULL NAME OF CHILD DOROTHY Aston
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female				Yes	July	5	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Roy Aston	FULL MAIDEN NAME	Delpha Elizabeth Argyle
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Patent Medicine Seller	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Aug 2 1922 [illegible]
Registrar.

Give names added from a supplemental report.

..... 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Bingham }

Certificate No. 103615

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Dorothy Aston (Name on Original Certificate) who was born (Was Born or Died) on July 5th, 1922. (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church record & Blessing (Bible Record, Insurance Policy, Etc.) prepared on September 3, 1922. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Aston

Subscribed and sworn to before me this 25th day of May, 1943.

H. William Lyncher
Notary Public, residing at Blackfoot, Idaho

My commission expires Oct 25, 1945.
(Seal)

Signed Roy Aston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

245 Smith Street, Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bingham }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of May, 1943.

H. William Lyncher
Notary Public, residing at Blackfoot, Idaho

My commission expires Oct. 25, 1945.
(Seal)

Signed Delpha E. Argyle Aston
(Signature of Any Credible Person Other Than Previous Year)

245 Smith Blackfoot Idaho
(Street Address, City, State)

JUN 5 1943

691-214-006-384

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RD# 4 St.

Registration District No. 121 File No. 103016

Hospital

Primary Registration District No. 2174 Registered No. 24

FULL NAME OF CHILD Lael Elsie Wray
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female				Yes	July	14	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Philip Wray	FULL MAIDEN NAME	Myrtle Elsie Christiansen
RESIDENCE	Blackfoot RD#4	RESIDENCE	Blackfoot RD#4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Massachussetts
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Aug 1922 Mr P Thaler E Palmer
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP. - 9. 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Moreland
- Street:
- County: Bingham

File Number: 103616

Registration Dist. No.: 28

Date of Birth: July 14 1922

Sex of Child: Female

Father: Wm P Wray
Full Name

Mother: Mattie Elsie Christian
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Lael Elsie Wray
Child's Name in Full

Wm. P. Wray
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

113-116-006-314

PLACE OF BIRTH

County of Bingham

City of Pingree

No. ..... St.

Hospital .....

RECEIVED AUG ... BUR...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 103617

Primary Registration District No. 2112 Registered No. 5..

FULL NAME OF CHILD Daniel Junior Jackson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	July 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Daniel S. Jackson	FULL MAIDEN NAME	Kaynetta Hortense Cameron
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot Idaho

Filed Aug 6 1922 [illegible]
Registrar.

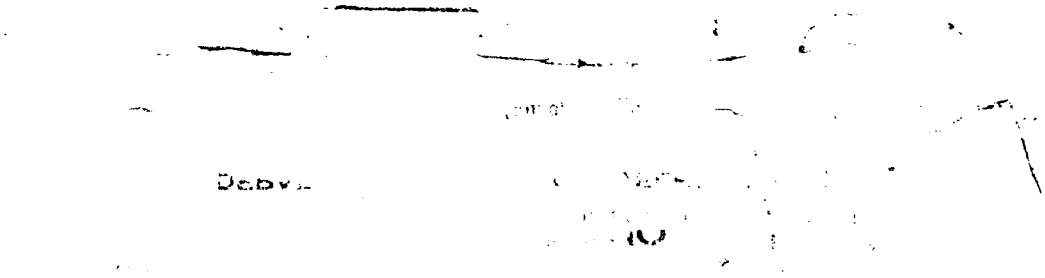
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
SEP 20 1922
BUREAU OF V... ST...

STATE OF IDAHO

DEPARTMENT OF PUBLIC W... F...

Boise ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Conant

Street: .....

County: Bingham Co.

File Number: 103617

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 16th 1922.

Father: Daniel Smith Jackson (Full Name)

Mother: Gaynetta Hortense Cannon (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Daniel Junior Jackson
Child's Name in Full

Daniel S. Jackson
Signature of Father or Mother

AUG 17 195

OCT 15 1942

2/3/41 L.B.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

363-118-406-666

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Pingree

No. ..... Registration District No. 121 File No. 103618

Hospital ..... Primary Registration District No. 2694 Registered No. 300

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Sherlow Edward Collins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male				Yes	July	18	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clarence E. Collins	FULL MAIDEN NAME	Maud May Woody
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Kentucky	BIRTHPLACE	Oklahoma
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
(Physician ~~or midwife~~)

Address Blackfoot Ida

Filed Aug 6 1922 Mrs Walter E. Tolman
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632-218-006-665

PLACE OF BIRTH

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 103619

Primary Registration District No. 2144 Registered No. 301

FULL NAME OF CHILD Goldie Deaun Olsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female				Yes	July	18	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Add O. Olsen	FULL MAIDEN NAME	Lois Owen
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Aug 6 1922 Mrs Helen E. [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ORIGINAL

SAMPLE

STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: ~~City~~ Town Moreland

Street

County Bingham

File Number 103619

Registration Dist. No. School Dist. 28.

Sex of Child Female

Date of Birth July 18 1922

Father Adolph O. Olsen
Full Name

Mother Lois Owen Olsen
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Goldie Deaun Olsen
Child's Name in Full

Adolph Olsen
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

613220-006-253

PLACE OF BIRTH

RECEIV[redacted]
AUG 1[redacted]
BUREA[redacted]
S[redacted]

County of Bingham

City of Blackfoot

No. N. Meridian St.

Registration D[redacted] 03620

Hospital

Primary Registration District No. 1007 Registered No. 302

FULL NAME OF CHILD Walters

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 20 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James Francis Walters	FULL MAIDEN NAME	Sarah Emily Kelsey
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Aug 6 1922 [illegible]

Registrar.

Give names added from a supplemental report.

....., 19....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-223-006-491

PLACE OF BIRTH

RECEIVED AUG 1 BUREA ST.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121

File No. 103621

Hospital .....

Primary Registration District No. 1007

Registered No. 303

FULL NAME OF CHILD AGNES RUTH Watts
(Certificate of no value without full name of child.)

Sex of Child Female

Twin Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth July 23 1922
(Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8

Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	George O. Watts	FULL MAIDEN NAME	Eliza J. Draper
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed Aug 6 1922 Mrs Thalene E Petine
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Weber } ss.

Certificate No. 103621

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Agnes Ruth Watts (Name on Original Certificate) who Born (Was Born or Died) on July 23 1928 (Date of Event)
in Blackfoot Bannock Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on Summer 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Agnes Ruth Watts

Subscribed and sworn to before me this 14th day of August, 1942

L. Lyle Nelson
Notary Public, residing at 3798 Wash. Blvd
My commission expires Oct 25, 1942 Ogden, Ut.
(Seal)

Signed George O Watts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3680 Adams Ave. Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of August, 1942

L. Lyle Nelson
Notary Public, residing at 3798 Wash Blvd
My commission expires Oct 25, 1942 Ogden, Ut.
(Seal)

Signed Jno. M. Harbertson
(Signature of Any Credible Person Other Than Previous Year)

836-36th St.
(Street Address, City, State)

AUG 26 1942

AUG 28 1942

753-B8-006-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922

CERTIFICATE OF BIRTH

103622

County of Bingham
City of Blackfoot
No. R D # 2 St.
Hospital
Registration District No. 121
Primary Registration District No. 2144
File No.
Registered No. 304

FULL NAME OF CHILD George Arvle Petersen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	S	2	Yes	July 28 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James Arvle Petersen	FULL MAIDEN NAME	Zada Olive Smith
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant (General)	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Aug 6 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ASONS WHY A CERT[illegible]TE OF BIRTH SHOU
LD AND THE SAME [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS

Place of Birth — City: Rockford

Street: .....

County: Bingham

File Number: 103622

Registration Dist. No. .....

Date of Birth: July 28 192..

Sex of Child: Male

Father: James Uncle Peterson
Full Name

Mother: Zada Olena Smith
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

George Uncle
Child's Name in Full

Jas Peterson
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

659-229-006-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R.R. 2 St.

Registration District No. 121 File No. 103623

Hospital

Primary Registration District No. 2174 Registered No. 305

FULL NAME OF CHILD Lenore Weight
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	July 29 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	George Frederick Weight	FULL MAIDEN NAME	Hattie Lenora Johnson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	North Carolina
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed Aug 6 1922 Mrs Hallie E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERA
E FILED FOR

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street:

County: Bingham

File Number: 103623

Registration Dist. No.:

Date of Birth: July 29th 1922

Sex of Child: Female

Father: George Fredrick Weight (Full Name)

Mother: Hattie Lenore Johnson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lenore Weight
Child's Name in Full

Hattie Weight
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

699-22-006-127

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

County of Bingham
City of Blackfoot
No. South University, St.
Hospital

Registration District No. 121
Primary Registration District No. 1007
File No. 103624
Registered No. 306

FULL NAME OF CHILD Louise Wright
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 29 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	James Henry Wright	FULL MAIDEN NAME	Edith Apgood
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Agent for Ocean Separator	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
(Physician ~~or midwife~~)
Address Blackfoot, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Aug 6 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

ONS WHY A CERTIFICATE OF BIRTH SHOULD
AND THE SAME

The name of your baby was not filled in on the bi[illegible] sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot, Idaho

Street: 709 South Universal

County: Bingham

File Number: 103624

Registration Dist. No.: one

Sex of Child: Female

Date of Birth: July 29th, 1922.

Father: James Henry Wright (Full Name)

Mother: Edith Almira Aspland (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Louise Wright
Child's Name in Full

Mrs. J. H. Wright
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

844-130-006-B

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103625

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

County of Bingham
City of Blackfoot
No. RR #4 St.
Hospital
Registration District No. 121
Primary Registration District No. 2174
File No.
Registered No. 307

FULL NAME OF CHILD Ruby La Rue Humphries
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 30 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William C. Humphries	FULL MAIDEN NAME	Marilda Loisa Chaffin
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Beck
(Physician ~~or midwife~~)
Address Blackfoot, Idaho

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed Aug 6 1922 Mrs. Thalia E. Tullis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

CERTIFICATE OF BIRT

SEP - 9 1922

RECEIVED MAR 1 1923 BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Blackfoot
- Street: .....
- County: Bingham

File Number: 103625

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: July 30 1922

Father: William Chesely Humphries
Full Name

Mother: Marilda Louisa Chaffin
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ruby LaRue Humphries
Child's Name in Full

Wm C Humphries
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

389-102 1006-296

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Rose Price

No. ..... St.

Registration District No. 121 File No. 103627

Hospital .....

Primary Registration District No. 2194 Registered No. 309

FULL NAME OF CHILD Carl Christensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 2 1922

What bactericidal solution was used in eyes? Cargentos 2 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Geo Christensen	FULL MAIDEN NAME	Parhael Broadhead
RESIDENCE	Blackfoot Route 1	RESIDENCE	Do
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bl. 6 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie MD
(Physician or midwife)

Address Blackfoot Idaho

Filed Aug 6 1922 Wm Walter E. Patrie
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

293.109.006-293

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Rimsida

No. — St.

Registration District No. 121 File No. 103628

Hospital —

Primary Registration District No. 2194 Registered No. 310

FULL NAME OF CHILD ~~Paul~~ Bitton Lloyd K.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 9 1922

What bactericidal solution was used in eyes? Cargentos 2%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Percy Bitton	FULL MAIDEN NAME	Chloe M. Killian
RESIDENCE	Blackfoot Route 2	RESIDENCE	Do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bd. (Born alive or stillborn), at 10 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.
(Physician or midwife)

Address Blackfoot Idaho

Filed Aug 6 1922 Mrs Helen E. Patrie
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

Certificate No. 103628
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Paul Bitton (Name on original certificate) who was born (Was born or died) on July 9th 1922. (Date of event)
in Blackfoot, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by L.D.S. Church Records at Blackfoot, Idaho. (Bible record, insurance policy, etc.) prepared on in August of 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
name to changed	Paul Bitton	Lloyd K. Bitton
mother's name	Cloe M. Killian	Chloe M. Killian

Subscribed and sworn to before me this 26th day of July, 1941

Notary Public, residing at Pocatello, Idaho.

My commission expires Oct. 15th 1944

[SEAL]

Signed Chloe M Killian Bitton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

R.F.D. #1, North, Pocatello, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

815-168-006-342

PLACE OF BIRTH

RECEIVED 1922 VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 188 So Stout St. Registration District No. 121 File No. 103629

Hospital No Primary Registration District No. 1097 Registered No. 311

FULL NAME OF CHILD Vern Clayton Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 18 1922

What bactericidal solution was used in eyes? Cargentos 4%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Benjamin D. Hansen	FULL MAIDEN NAME	Mary Lusher
RESIDENCE	188 So Stout St Blackfoot Ida	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Stockman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.
(Physician or midwife)

Address Blackfoot Idaho

Filed July 6 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 1965

MAY 25 1948

252-206-006-689

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Wapello St.

Registration District No. 121 File No. 103630

Hospital

Primary Registration District No. 2144 Registered No. 312

FULL NAME OF CHILD Harriett Maurine Best
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 6 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Walter F. Best	FULL MAIDEN NAME	Francis White
RESIDENCE	Blackfoot, Idaho #3	RESIDENCE	Blackfoot, Idaho #3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Prince Edwards Isles	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3. A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Address Blackfoot, Idaho

Filed Aug 7 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-110-006-331 RECEIVED AUG 17 1921 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103631

County of Bingham

City of Blackfoot

No. 936 So. Shelley Ave. Registration District No. 121 File No.

Hospital Primary Registration District No. 1007 Registered No. 313

FULL NAME OF CHILD Leon Clark Hammon

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 10 1921

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John A. Hammon	FULL MAIDEN NAME	Bertha Clark
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	So. Dakota
OCCUPATION	Laborer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at Co. H. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Address Blackfoot, Idaho

Filed Aug. 7, 1921 Mrs. Mildred E. Peters Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922 - 19003f

PLACE OF BIRTH Amended 10-10-56

293-22-0006-413

County of Bingham

City of Blackfoot

No. Wapello St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 103632

Primary Registration District No. 2194 Registered No. 314

FULL NAME OF CHILD MARJORIE MAXINE BITHELL
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	July 27, 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Geo. W. Bithell	FULL MAIDEN NAME: Cora Belle Mackie
RESIDENCE: Blackfoot, Idaho	RESIDENCE: Blackfoot, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

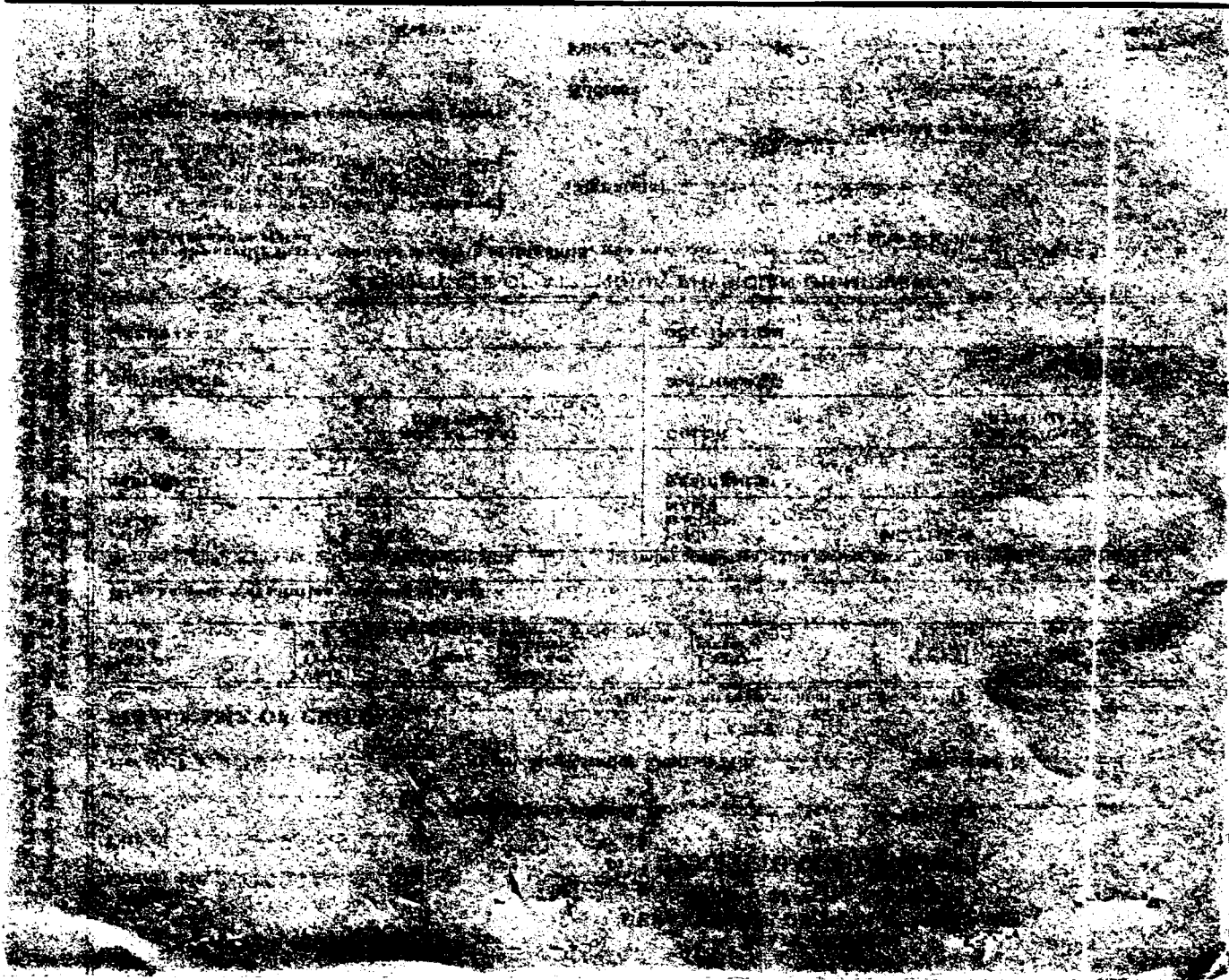
(Signature) F. W. Mitchell

Physician (Physician or midwife)

Address Blackfoot, Idaho

Filed Aug. 7, 1922 Mrs. Walter E. Pattie Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED SEP 27 Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 103632

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Marjorie Biethel (Name on Original Certificate) who was born (Was Born or Died) on July 27, 1922 (Date of Event) in Blackfoot (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Social Security Card (Bible Record, Insurance Policy, Etc.) prepared on School Record Sept. 23, 1956 (Give Date) are: Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Marjorie Beithel	Marjorie Maxine Bithell
Father's Name	Beithel	Bithell

Subscribed and sworn to before me this 24th day of September, 1956

Notary Public, residing at Blackfoot, Idaho

My commission expires January 19, 1959

(Seal)

Signed Mrs. George Bithell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of September, 1956

Notary Public, residing at Blackfoot Idaho

My commission expires January 19, 1959

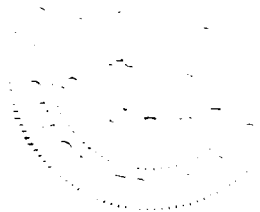
(Seal)

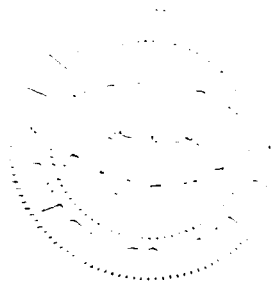
Signed Ruth H. Stauffenberg
(Signature of Any Credible Person)

493 So. Shilling, Blackfoot Idaho
(Street Address, City, State)

Ruby Evans, Blackfoot, Idaho
Box 164

FORM-DPH 55-155





844-124-006-466

PLACE OF BIRTH

County of Bingham

City of Firth

No. ..... St.

Hospital .....

RECEIVED

BU... AL

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 103633

Primary Registration District No. 2174

Registered No. 3155

FULL NAME OF CHILD Hudson Clyde Junior

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	July 24 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clyde Hudson	FULL MAIDEN NAME	Lennie Downing
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	So Dakota	BIRTHPLACE	Mo
OCCUPATION	Restaurantster	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.40 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address [illegible]

Filed July 7 19.. [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE
[illegible]UIRED FOR EACH CHILD AND THE SAME

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Firth, Idaho

Street: —

County: Bingham

File Number: 103633

Registration Dist. No.:

Sex of Child: Male

Date of Birth: July 24th 1922

Father: Harry Clyde Hudson (Full Name)

Mother: Lennie May Hudson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Clyde Junior Hudson
Child's Name in Full

H. C. Hudson
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

799-127-006-613

PLACE OF BIRTH

County of Bingham

City of Monland

No. ..... St.

Hospital .....

RECEIVED AUG 17 1922 [illegible] VITAL [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O—[illegible]

Registration District No. 121

File No. 103634

Primary Registration District No. 2194

Registered No. 316

FULL NAME OF CHILD Truell Duane Grimmett

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	X	X	Yes	July 27 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Truell Grimmett	FULL MAIDEN NAME	Ardulla Walton
RESIDENCE	Monland	RESIDENCE	Monland
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Ditchrider	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address [illegible]

Filed [illegible] 19.....

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH TH

DECEASED

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moreland

Place of Birth — Street:

Place of Birth — County: Bingham

File Number: 103634

Registration Dist. No.:

Sex of Child: Male

Date of Birth: July 27 1922

Father: Isael A. Gimmett (Full Name)

Mother: Ardella M. Walton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Isael Duane Gimmett
Child's Name in Full

Isael A. Gimmett
Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

County of Boise

City of Pioneerville

No. Golden Age Mine St.

Hospital

Primary Registration District No. ..... Registered No. .....

File No. 103635

FULL NAME OF CHILD Alden George Sheets

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 18 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alden George Sheets	FULL MAIDEN NAME	Margarett E McCall
RESIDENCE	Pioneerville Idaho	RESIDENCE	Pioneerville Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Eaton Co Mich	BIRTHPLACE	County Tyrone Ireland
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C G Armstrong
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Boise Idaho

Filed July 20 1922

Mrs E.S. Robison
Registrar

c.c. 5/13/41. w.h.

53 [redacted] DAHO
[redacted] BLIC WEL[redacted]
[redacted] STATISTICS
Coun[redacted] OF BIRTH
City [redacted]

No. ..... St. [redacted] District No. 12 File No. 103636

Hospital ..... Primary Registration District No. 12 Registered No. .....

FULL NAME OF CHILD Mary Ann Eckrot
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Feb 28 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank Eckrot	FULL MAIDEN NAME	Bell Eckrot
RESIDENCE	Gardena	RESIDENCE	Gardena
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Nebraska	BIRTHPLACE	
OCCUPATION	farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary Eckrot
Grant mother
(Physician or midwife)

Give names added from a supplemental report.

..... 192
Mrs E S Robson
Registrar.

Address .....

Filed July 10 1922 Mrs E S Robson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-205 008-55

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103637

County of Basl

City of Garden Valley

No. ____ St.

Registration District No. 12

File No. ____

Hospital ____

Primary Registration District No. 12

Registered No. ____

FULL NAME OF CHILD Barbara Pennel

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female			June 5 1922

What bacteriecidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Charles Pennel	FULL MAIDEN NAME	Grace Pennock
RESIDENCE	Garden Valley	RESIDENCE	Garden Valley
COLOR		COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Dont Know	BIRTHPLACE	Dont Know
OCCUPATION	Farming	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) **at** ____ M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____ 19__

Mrs E S Robison
Registrar.

(Signature) Mrs Conghanour

(Physician or midwife)

Address ____

Filed July 3 1922 Mrs E S Robison
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-102-008-866

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Gardena

No. ..... St.

Registration District No. 12 File No. 103638

Hospital ..... Primary Registration District No. 12 Registered No. .....

FULL NAME OF CHILD T. Loyd Hoops
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 2 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Hy Hoops	FULL MAIDEN NAME	Mamie Hoops
RESIDENCE	Gardena	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	don't know	BIRTHPLACE	don't know
OCCUPATION	Rancher	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Pushman
(Physician or midwife)

Give names added from a supplemental report.

..... 19....
Mrs E S Robison
Registrar.

Address .....

Filed July 23 1922 Mrs E S Robison
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-225-008-389

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF STATISTICS

County of Boise

City of Grimes Pass

No. ..... St. Registration District No. ..... File No. 103640

Hospital ..... Primary Registration District No. 12 Registered No. .....

FULL NAME OF CHILD Norma Agela Bunce
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	July 25 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Arical Bunce	FULL MAIDEN NAME	Grace May Chitwood
RESIDENCE	Grimes pass	RESIDENCE	Grimes Pass
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	80
BIRTHPLACE	Logan Utah	BIRTHPLACE	Payette Idaho
OCCUPATION	Carpenter	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Tilz
(Physician or midwife)

Give names added from a supplemental report.

..... 1922
Mrs E S Robison
Registrar.

Address .....

Filed July 30 1922 Mrs E S Robison
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1972

JUL 2 1942

249-204-009-26-3
name amend 10-24-83 dl

PLACE OF BIRTH

[redacted]IDAHO
[redacted]UBLIC WELFARE
[redacted]UREAU OF [redacted]TAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103641

County of Bonner

City of Priest River, Ida.

No. — St.

Registration District No. 85 File No. 3

Hospital —

Primary Registration District No. 2185 Registered No. 199

FULL NAME OF CHILD ~~Lena Burton~~ Joyce Olena Burton

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) July 4 (Day) 1922 (Year)
Female		Yes	

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Theodore C Burton	FULL MAIDEN NAME	Alice Bothan
RESIDENCE	Priest River, Ida.	RESIDENCE	Priest River, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Minn.
OCCUPATION	Cook	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Priest River, Ida.

Filed Aug 1 1922 C. P. Getzloff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
OCT 21 2 40 PM '83
VITAL STATISTICS

State of Montana
County of Flathead } ss.

Certificate No. 103641
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Lena Burton (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 4 1922 (Date of Event)

in Priest River Bonner Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Lena Burton	Joyce Olena Burton

Subscribed and sworn to before me this 18th day of October, 1983.

Notary Public, Barbara Sundberg

Residing at Columbia Falls

My commission expires 8/1/86

(Seal)

Joyce Olena Burton Catlett
Signature of Applicant

P. O. Box 265 - Kalispell, Mont.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana
County of Flathead } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of October, 1983.

Notary Public, Barbara Sundberg

Residing at Columbia Falls

My commission expires 8/1/86

(Seal)

Nellie L. Bergmann
Supporting Signature

11- 5th Ave. W. Kalispell, Mont.
Street Address, City, State

i cc ~~sent~~ credit

School diploma lists Joyce Olena Burton completed course of study for Common Schools of Montana and is entitled to enter 9th grade. Dated June 5, 1936. Viewed by V.S.

OCT 24 1983

Certificate of Baptism from Family Records lists Joyce Olena Burton child of Theodore Burton and Alice Burton born July 4, 1922 was baptised Feb 24, 1923. Viewed by V.S.

119-103-009-384

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

No. ____ St. ____

Registration District No. 85

File No. 103642

Hospital Priest River, Ida.

Primary Registration District No. 2185

Registered No. 198

FULL NAME OF CHILD Melvin Marion Markham
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male				Yes	July	3	1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Melvin Markham	FULL MAIDEN NAME	Myrtle Churchill
RESIDENCE	Laclede	RESIDENCE	Laclede
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ore	BIRTHPLACE	Wis.
OCCUPATION	Steamboat Capt.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Gestloff

Physician
(Physician or midwife)

Address Priest River, Ida.

Filed August 1 1922 C. F. Gestloff Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 27 1974

231-117-069-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bonner

City of Newport

No. ..... St.

Hospital .....

AMENDED Dec. 1, 1947

CERTIFICATE OF BIRTH

Registration District No. 85 File No. 103643

Primary Registration District No. 2185 Registered No. 195

FULL NAME OF CHILD Carl Edwin Blanford
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	*June 17, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	David A. Blanford	FULL MAIDEN NAME	Agnes E. Keck
RESIDENCE	Newport	RESIDENCE	Newport
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Lumberman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify t[illegible]ded the birth of this child, who was born alive (Born alive or stillborn), at 7:15P M. on the date above st[illegible]

*When there w[illegible] physician or midwife, then the [illegible]holder, etc., should make this [illegible]born child is one that neither bre[illegible]ows other evidence of life after birth[illegible]

(Signature) V. C. Cleveland

[illegible]hysician (Physician or midwife)

Newport

Give [illegible] added from a su[illegible]mental report.

Address .....

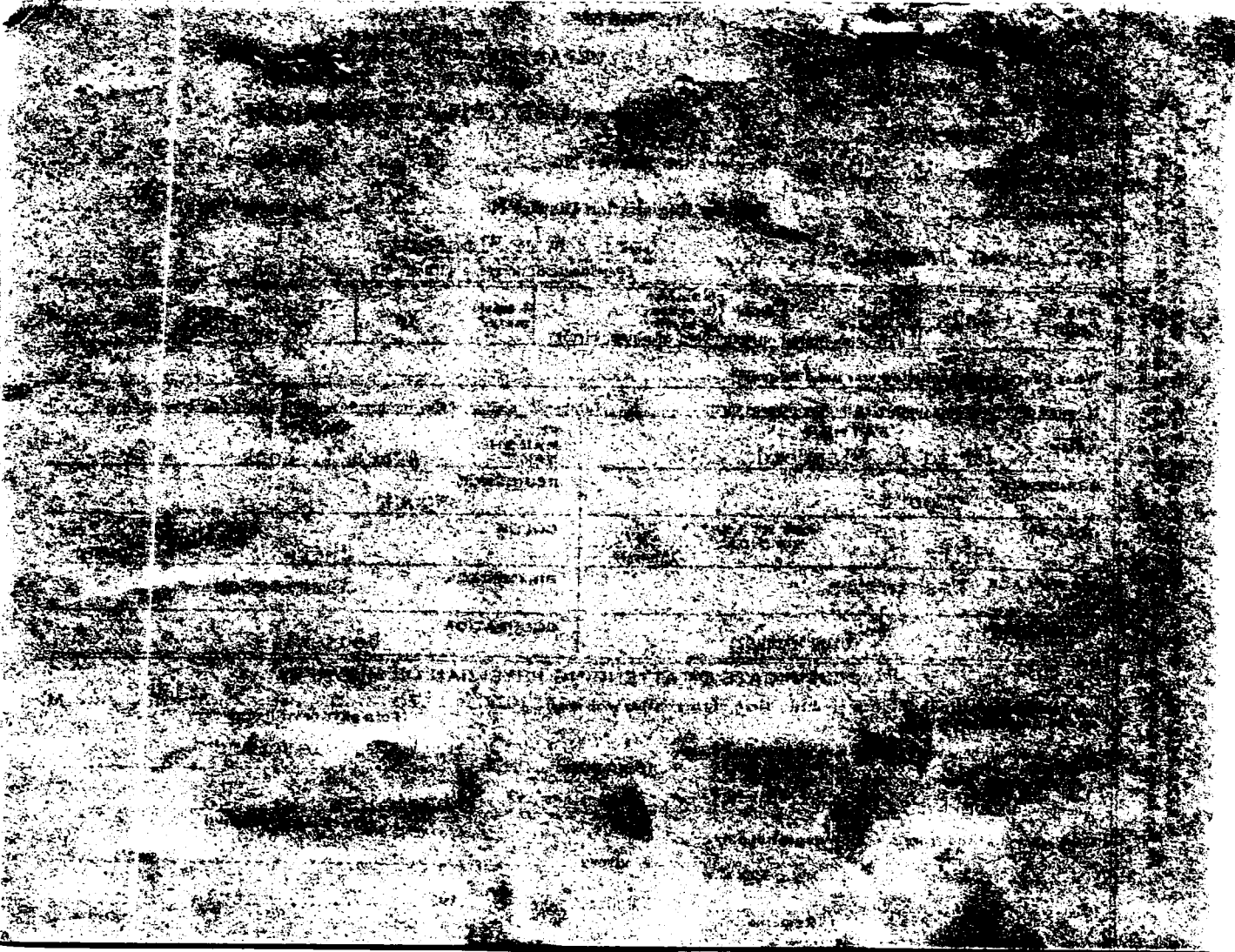
..... 192....

Registrar.

Filed Au[illegible] 1922 C. P. Getzle Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

DEC 1947
DIVISION OF VITAL STATISTICS

State of Idaho }
County of Kootenai } ss.

Certificate No. 103643

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Carl Edward Blanford (Name on Original Certificate) who was born (Was Born or Died) on July 17, 1922 (Date of Event)
in Newport Idaho (Place of Event) are erroneous or ~~were omitted~~; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on June 20, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Carl Edward Blanford	Carl Edwin Blanford
Birthdate	July 17, 1922	June 17, 1922

Subscribed and sworn to before me this 25
day of Dec, 1947

Notary Public, residing at Post Falls Idaho

My commission expires 1-1-49
(Seal)

Signed Mrs. Agnes C. Blanford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P. O. Box 243 Post Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20
day of Dec, 1947

Notary Public, residing at Post Falls Idaho

My commission expires 4-1-50
(Seal)

Signed W B Maine
(Signature of Any Credible Person Other Than Previous Year)

Post Falls Idaho
(Street Address, City, State)

DEC 2 1947
DEC 12 1947

693-209.009-691

PLACE OF BIRTH

[redacted]RE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103644

County of Bonner

City of Priest River

RECEIVED AUG 17 1922

No. ..... St.

Registration District No. 85 File No. 3

Hospital ..... Primary Registration District No. 2185 Registered No. 201

FULL NAME OF CHILD Marguerite Williams

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) July (Day) 9 (Year) 1922
Female		Yes	

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Edd Williams	FULL MAIDEN NAME	Elizabeth Frank
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	California	BIRTHPLACE	Tenn.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Getzlaff

Physician (Physician or midwife)

Give names added from a supplemental report.

..... 192....

..... Registrar.

Address Priest River Ida

Filed Aug. 1 1922 C. F. Getzlaff Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 14 1957

165-208-009-555

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103645

County of Bonner

City of Priest River

No. ____ St. ____

Registration District No. 85

File No. ____

Hospital Priest River Hospital Registration District No. 2185

Registered No. 200

FULL NAME OF CHILD Eva Louise Jones

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	July 8 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Stanley Jones	FULL MAIDEN NAME: Harriet Neergaard
RESIDENCE: Priest River	RESIDENCE: Priest River, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Penn	BIRTHPLACE: Wash.
OCCUPATION: Prop. of stage line.	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2.45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Gerloff

Physician

(Physician or midwife)

Address Priest River

Filed Aug 1 1922 C. F. Gerloff

Registrar.

Give names added from a supplemental report.

....., 192....

.....

Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-228-009-395

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

No. —

Registration District No. 85

File No. 3103647

Hospital —

Primary Registration District No. 2185

Registered No. ~~197~~ 203

FULL NAME OF CHILD Donise M. Cathey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female		Yes	July	28	1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wilson Cathey	FULL MAIDEN NAME	Maud Trepus
RESIDENCE	White Priest River, Ida	RESIDENCE	Priest River, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oregon	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8:55 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff

Physician
(Physician or midwife)

Address Priest River, Ida

Filed August 1 1922 C. P. Getzloff Registrar.

Give names added from a supplemental report.

K ....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1969

JUN 24 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-21-0609-53

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St.

Hospital ____

Registration District No. 76

Primary Registration District No. 2155

File No. 103648

Registered No. ____

FULL NAME OF CHILD Wilma Adaline McKinney
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) 7/11/22 (Day) (Year) 192
female		yes	

What bactericidal solution was used in eyes? AgNo3

Number of child of this mother, including present birth 1 — Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Zed Robert McKinney	FULL MAIDEN NAME Cora Pettey
RESIDENCE Hope Idaho	RESIDENCE Hope Idaho
COLOR W — AGE AT LAST BIRTHDAY 36 (Years)	COLOR W — AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Ill	BIRTHPLACE Wyo.
OCCUPATION Labor	OCCUPATION hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) M R Wallentine M.D.
(Physician or midwife)

Address Sandpoint Idaho

Filed Aug 7 1922 Viola Allen Deputy
Registrar.

MAY 16 1972

495.211.008-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

No. ____ St.

Registration District No. 78 File No. 103649

Hospital ____ Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD Emma Irene Minor.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	June 11 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: George S. Minor	FULL MAIDEN NAME: Flora Rebecka Clark
RESIDENCE: Kootenai	RESIDENCE: Kootenai.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Kansas
OCCUPATION: Lumberman	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Payne M.D.

Physician (Physician or midwife)

Address Sandpoint, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 4 1922 Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

865-118-009-512

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. St.

Hospital Central

Registration District No. 78 File No. 103650

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Arthur Lynn Younker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	July 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alfred Younker	FULL MAIDEN NAME	Mary Easter
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mom	BIRTHPLACE	Neb.
OCCUPATION	Telegraph Opr	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 3:05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E T Andersen M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Sandpoint

Filed Aug 4 1922 Viola Allen Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 9 1951

DECEASED

693-221-009-597

PLACE OF BIRTH

AUG 17 [illegible]

BUREAU [illegible]

STATE [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103651

County of Bonner

City of Sandpoint (Rural)

No. ..... St. ..... Registration District No. 78 File No. .....

Hospital ..... Primary Registration District No. 215 Registered No. .....

FULL NAME OF CHILD Jean Lucile Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 21 1928

What bactericidal solution was used in eyes? None Argyrol later

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank Wilson	FULL MAIDEN NAME	Edna Vigue
RESIDENCE	Westmond	RESIDENCE	Westmond
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Dent County Mo.	BIRTHPLACE	Wisconsin
OCCUPATION	Lumberman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 5:30 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) Frank Wilson

informant ~~(Physician or midwife)~~

Address Westmond Ida

Filed Aug 4 1928 Viola Allen Registrar.
Deputy

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 11 1963

435-226-009-796

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103652

County of Bonner

City of Sagle

No. RFD. St. Registration District No. 78 File No.

Hospital Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Fernella May McNamara
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	7-26 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Everett Emeal McNamara	FULL MAIDEN NAME	Minnie Van Proovyer
RESIDENCE	Sagle	RESIDENCE	Sagle.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Sumner Neb.	BIRTHPLACE	Creswell Oregon.
OCCUPATION	Rancher.	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1:15 P.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Hackhouse

M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Sandpoint,

Filed Aug 4 1922 Viola Allen
Deputy Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. [illegible] 6-20-21.

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1162

SUPPLEMENTARY REPORT OF BIRTH

Registered Number, 78

Place of Birth
City Eagle
Street and House No.
County Bonner

Registration District No. 215

Sex of Child Female

Date of Birth, July 26 (Month) (Day) 1922 (Year)

Full Name of Father Everett Emeal McNamara

Full Maiden Name of Mother Minnie Van Prooyer

I HEREBY CERTIFY that the child described above has been named:

Ferruella May McNa[illegible]
(Given name in full) (Surnam

as reported by .....
(Father or Mother)

Deputy (Local Registrar)

S-Y CO. 16659

DEC 14 1961

JAN 12 1943

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314-215-009-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner
City of Cocolalla, Idaho
No. ..... St.
District No. 78
File No. 103653
Hospital
Primary Registration District No. 2155
Registered No.

FULL NAME OF CHILD Ethel Loraine Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 25 1922

What bactericidal solution was used in eyes? Argyrol 50%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Nathaniel Eugene Campbell	FULL MAIDEN NAME	Clara Wilson
RESIDENCE	Cocolalla	RESIDENCE	Cocolalla
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Sprague, Wash	BIRTHPLACE	Des Pierre, Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:20 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.
Physician
(Physician or midwife)
Address Sandpoint, Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 4 1922 Viola Allen
Deputy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SUPPLEMENT

Place of Birth
City Cocolalla
Street and House No.
County Bonner

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

Registered Number, 18
Registration District No. 2155

Sex of Child Female

Date of Birth, July 25 1922
(Month) (Day) (Year)

Full Name Father Nathaniel Eugene Campbell

Full Maiden Name Mother Clara Wilson

I HEREBY CERTIFY that the child described herei[illegible] been named:

Ethel Loraine Campbe[illegible]
(Given name in full) (Surname)

as reported by
(Father or Mother)

[illegible] Allen
Deputy (Local Registrar)

S-Y CO. 18659

1943

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316.126.009 144

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103654

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 78 File No. .....

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD ~~Merle~~ FLOYDE ~~Floyde~~ MERLE La Fore
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 26 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	John La Fore	FULL MAIDEN NAME	Nell Judkins
RESIDENCE	1216 Lake St. Sandpoint	RESIDENCE	1216 Lake St. Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Fond Dulack, Wisc	BIRTHPLACE	Marinette, Wisc.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:25 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Sandpoint Ida

Filed Aug 4 1922 Viola Allen Deputy. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonner } ss.

Certificate No. 103654

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Merle Floyde	~~Floyd Myerl~~
	Floyd Myerl	Floyde Merle
Date	~~July 26, 1922~~	~~July 22, 1922~~

Subscribed and sworn to before me this 13 day of July, 1942.

Notary Public, residing at Sandpoint Idaho

My commission expires 5/15/44

(Seal)

Signed Mrs. C. A. LaFare

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #1-Box 24 Sandpoint Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonner } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of July, 1942.

Notary Public, residing at Sandpoint Idaho

My commission expires 5/15/44

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Signer)

Floyd G. Wendle, M.D.

Sandpoint Idaho

(Street Address, City, State)

JUL 16 1942

MAR 2 1959

36-126-005-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 17 BUREAU STATE

County of Bonner
City of Sandpoint
No. 705 N 5th Hospital

Registration District No. 78 File No. 103655
Primary Registration District No. 215 Registered No.

FULL NAME OF CHILD James William Chaffins
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 26 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER

FULL NAME Frank Morrison Chaffins
RESIDENCE Sandpoint (Rural)
COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Fort Ripley, Minn
OCCUPATION R. Ry Section Foreman

MOTHER

FULL MAIDEN NAME Winefred Savage
RESIDENCE Sandpoint (Rural)
COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Spokane, Wash
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Hoyt Woods M.D.
physician
(Physician or midwife)
Address Sandpoint, Ida

Filed Aug 4 1922 Viola Allen
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 11 1960

465-210-08-369

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of

No. St.

Hospital

Registration District No. 78 File No. 103656

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Ruth Moen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	July (Month) 10. (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Anton N. Moen	FULL MAIDEN NAME	Sigrid Torstad
RESIDENCE	Cocolalla. Ida.	RESIDENCE	Cocolalla - Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	Norway
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Rathdrum, Idaho

Registrar

Filed Aug 4 1922 Viola Allen
Deputy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391.106.010 -555-

PLACE OF BIRTH

STATE [redacted]
DEPARTMENT OF [redacted]RE
BUREAU OF V[redacted]

RECEIVED
AUG 17 1922
BUREAU OF [illegible]

County of Bonneville

City of Ucon

CERTIFICATE OF BIRTH

103658

No. ..... St. Registration District No. 73 File No. .....

Hospital ..... Primary Registration District No. 215-0 Registered No. 202

FULL NAME OF CHILD Jim Ernest Tracy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	7/6 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Mormon H Tracy	FULL MAIDEN NAME	Helen Everett
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. MISER

(Physician or midwife)

Give names added from a supplemental report.

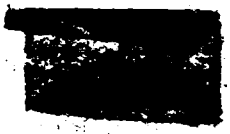
....., 19....

Registrar.

Address Idaho Falls Ida

Filed July 18 1922 W. Tennant
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



748106-010-413

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 19[illegible] BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

Registration District No. 73 File No. 103659

No. 225-1 St.

Primary Registration District No. 2140 Registered No. 201

Hospital

FULL NAME OF CHILD Melvin Jay Guyman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	5 (Month) - 6 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clegg Guyman	FULL MAIDEN NAME	Edna Place
RESIDENCE	Ida Falls	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Vernal, Ut.	BIRTHPLACE	Sandy, Ut.
OCCUPATION	Manager of Creamery	OCCUPATION	H Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez [illegible]

[illegible] (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

19

Registrar

Filed 7/11 1922 [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF [illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP - 9 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 103659

Registration Dist. No. .....

Sex of Child Male

Date of Birth .....192....

Father ..... (Full Name)

Mother ..... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEP 2 2 1942

6/18/41

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

951-225-010-862

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17
BUREAU OF
STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 103660

No. 360 - 8th St.

Primary Registration District No. 2148

Registered No. 200

Hospital

FULL NAME OF CHILD Eva L. Reading

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	5 25 1922

FATHER		MOTHER	
FULL NAME	John J. Reading	FULL MAIDEN NAME	Elizabeth Hobbs
RESIDENCE	8 St Idaho Falls	RESIDENCE	8th St Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Butcher	OCCUPATION	H. Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] MD.

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Ida

19

Filed July 8 1922 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1945

547-207.06-369

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2140 Registered No. 103661

Hospital

FULL NAME OF CHILD Monta Empey Empey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	5 (Month) 7 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James S Empey	FULL MAIDEN NAME	Estella Lords
RESIDENCE	R. F. D. # 3 Idaho Falls	RESIDENCE	R. F. D. # 3 Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho Falls	BIRTHPLACE	Wayne Co, Utah
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Mrst

MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls Ida

Filed July 5 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP - 9 1922 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Ammon; Street; County Bonneville

File Number 105661

Registration Dist. No.

Sex of Child Female

Date of Birth May 7 1922

Father James Shadrich Empey (Full Name)

Mother Agness Estella Lords (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Monta Empey
Child's Name in Full

Mrs Estella Empey
Signature of Father or Mother

1941 2 OCT 2

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

162-125-00-942 Child's name added & sex amended 2-27-87 lh

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 103662

Primary Registration District No. 2150 Registered No. 194

FULL NAME OF CHILD Melvyn Rushton Moss

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male ~~Female~~	~~(To be answered only in event of plural births)~~			Yes	6 (Month) 25 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	George W. Moss	FULL MAIDEN NAME	Thelma Rushton
RESIDENCE	Iona Idaho	RESIDENCE	Iona Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	St George Utah	BIRTHPLACE	Iona
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1030 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed July 4 1922 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-18-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 25 11 21 AM '87

State of _____ } ss.
County of _____ }

Certificate No. 103662
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Moss (female) who was born on June 25, 1922
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Iona, Bonneville Co. are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	Melvyn Rushton Moss
Sex of child	female	Male

Subscribed and sworn to before me this 23rd day of February, 1987.
Notary Public, Joy Van Ry
Residing at Salt Lake
My commission expires 7-20-88
(Seal)

M. Moss
Signature of Applicant Salt Lake City
1820 E. 6015 So. Ut. 84121
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

(Must be completed ___)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc pd

FEB 27 1987

Patriarchal Blessing from LDS Church by Arthur B. Clinger dated Sept. 24, 1944 gives name as Melvyn Rushton Moss son of George M. Moss and Thelma Rushton, born June 25, 1922 at Iona, ID.
Viewed by V.S.

Honorable discharge papers from U.S. Navy dated Jan. 29, 1946 gives name as Melvyn Rushton Moss (male) born June 25, 1922 at Iona, ID.
Viewed by V.S.

369-123-010-275

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
AUG 17 19..
BUREAU OF
STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 103663

No. 18 & Curtis St.

Primary Registration District No. 2150 Registered No. 197

Hospital

FULL NAME OF CHILD Willard Floyd Lords

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	5 (Month) 23 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd Lords	FULL MAIDEN NAME	Grace Spencer
RESIDENCE	18 Curtis Idaho Falls	RESIDENCE	18 & Curtis Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iona	BIRTHPLACE	Midway Utah
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 15 a.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Mirsh

MD.

(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

19

Registrar

Filed July 8 1922 W Kennard

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 0 1968

AUG 1 2 1968

619-213-010-365 name added 6-28-84 dl

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 1 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ——— St.

Hospital ———

Registration District No. 73

File No. 103664

Primary Registration District No. 2140

Registered No. 196

FULL NAME OF CHILD Ruby Leola Ward

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	Yes	5 - 13 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Ward	FULL MAIDEN NAME	Luella Loveland
RESIDENCE	Iona, Idaho	RESIDENCE	Iona, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iona Idaho	BIRTHPLACE	Fish Haven, Ida
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ~~Iona~~ 5 P.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

MD

(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

——— 19——

Registrar

Filed July 6 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-11-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
JUN 27 1984
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bonneville } ss.

Certificate No. 103664
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Ward (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 13, 1922 (Date of Event)

in Iona (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ruby Leola Ward

Subscribed and sworn to before me this 18 day of June, 19 84.

Notary Public, Marvin R. Studer
Residing at Idaho Falls, Idaho
My commission expires lifetime
(Seal)

Ruby Leola Ward
Signature of Applicant
Rt. 8, Box 266. Idaho Falls, Id.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of June, 19 84.

Notary Public, Marvin R. Studer
Residing at Idaho Falls, Idaho
My commission expires Lifetime
(Seal)

Bertha W. Christensen
Supporting Signature
348 E Rockwood ave, Iona, Idaho
Street Address, City, State

1cc credit

Certificate of Baptism from LDS Church gives Ruby Leola Ward daughter of George J Ward and Anna Louella Loveland on May 13, 1922 at Iona was baptised May 18, 1930. Viewed by V.S.

Family Record gives Ruby Leola Ward born May 13, 1922 in Iona married Grant Fred Stucki on Dec 30, 1942. Viewed by V.S.

665-206-010235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF
STATE

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. _____ St.

Hospital _____

Registration District No. 73

File No. 103665

Primary Registration District No. 2170

Registered No. 191

FULL NAME OF CHILD Frances Marian Owens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	1922 (Year)
Female				Yes	6	6	

FATHER

FULL NAME Alma L. Owens

RESIDENCE Iona Ida

COLOR White

AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Iona Ida

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sarah S Teel

RESIDENCE Iona Ida

COLOR White

AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Iona

OCCUPATION H. Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) J. Marsh M.D.

(Physician or midwife)

Address Idaho Falls Ida

Filed July 6 1922 _____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 16 1943

255-106-010433

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 103667

No. ..... St.

Primary Registration District No. 2170 Registered No. 193

Hospital .....

FULL NAME OF CHILD Bennett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	6 (Month) 4 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edgar Bennett	FULL MAIDEN NAME	Edna McClure
RESIDENCE	R.F.D. #3 Ida Falls	RESIDENCE	R.F.D. #3 Ida Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Jackson, Georgia	BIRTHPLACE	Buchanan, Geo.
OCCUPATION	Farmer	OCCUPATION	H. W. Jr

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed July 4 1922 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 0 1971

213-203-010-295

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 103668

No. R.F.D. 3 St.

Primary Registration District No. 2150 Registered No. 192

Hospital

FULL NAME OF CHILD Cecel Ball

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7 (Month) 3 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Willard Ball	FULL MAIDEN NAME	Ethel Singley
RESIDENCE	R.F.D. # 3 Ida. Falls	RESIDENCE	R.F.D. # 3 Ida Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls Ida

Filed July 4 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED SEP 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP - 9 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls Ida.

Street: .....

County: Bonneville

File Number: 103668

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: July 3rd 192.2.

Father: Willard J. Ball (Full Name)

Mother: Ethel Bingley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Orcel Ball
Child's Name in Full

Ethel Ball
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
[redacted]EAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]
555-220-010-515
City of Moon
No. ..... St.
Hospital .....

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Registration District No. 73 File No. 103669

Primary Registration District No. 2156 Registered No. 19

FULL NAME OF CHILD Mary Jane Everett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	6 (Month) 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Henry Everett	FULL MAIDEN NAME	Bessie Van Eps
RESIDENCE	R. F. D. # 2 ~~Moon~~ Idaho Falls, Ida	RESIDENCE	R. F. D. 2 ~~Moon~~ Ida Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

MD

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls Ida

Filed July 4 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1956

AUG 6 1968

16P-208-010-236 name added 9/18/80

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bonneville

City of Coltman

No. ..... St.

Hospital .....

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103670

Registration District No. 73 File No. .....

Primary Registration District No. 2170 Registered No. 190

FULL NAME OF CHILD Alvera Marie Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	George W Johnson	FULL MAIDEN NAME	Ethel Leone Stoddard
RESIDENCE	Coltman Ida	RESIDENCE	Coltman Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Bluffdale Utah	BIRTHPLACE	Holliday Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Godfrey Stoddard
Rigby R#1 Idaho
(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed July 2 1922 [signature]
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... SEP - 1

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number ..... 103670 .....

Registration Dist. No. .....

Sex of Child ..... Female .....

Date of Birth ..... 192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

7-10-80

RECEIVED

AUG 27 1980

Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 103690
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for ~~unnamed~~ ALVERA MARIE Johnson (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 8, 1922 (Date of Event)

in Coltman (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Alvera Marie Johnson
	to ALVERA MARIE	

Subscribed and sworn to before me this 12 day of August, 1980

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Alvera Marie Johnson Cox
Signature of Applicant

1435 Waterline Road
Street Address, City, State

Butte Mont 59701

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Silver Bow

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of Aug., 1980.

Notary Public, Shirley M. Jensen

Residing at Butte

My commission expires 7-14-81

(Seal)

Robert [illegible]
Supporting Signature

5 Bottomwood, Butte, Mont
Street Address, City, State

Membership r rd to the LDS Church gives name as Alvera Marie Cox born in Coltman, Idaho on June 8, 1922. father's name as George W. Johnson and mother's name as Ethel Leona Stoddard. Blessed July 2, 1922 and Baptized June 15, 1930. viewed by V. S.

SEP 19 1980

Family group record gives name as Alvera Marie Johnson born June 8, 1922 in Coltman, Idaho to George Waldeman Johnson and Ethel Leona Stoddard. viewed by V. S.

366-205-010-351

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Garfield

No. ..... St.

Hospital .....

Registration District No. 73 File No. 103671

Primary Registration District No. 2106 Registered No. 189

FULL NAME OF CHILD Anna Ruth Cook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Leo Cook	FULL MAIDEN NAME	Thelma Leavitt
RESIDENCE	Garfield Ida	RESIDENCE	Garfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Garfield Idaho	BIRTHPLACE	Gumlock Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 2:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Godfrey Stoddard

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rigby R.D. #1 Idaho

Filed July 8 1922 [signature]

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP 2 9 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number 103671

Registration Dist. No. .....

Sex of Child ..... Female .....

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

696.201.010.764

Form V. S. No. 11-C--25m-7-21-19

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Garfield

No. ..... St.

Hospital .....

Registration District No. 73 File No. 103672

Primary Registration District No. 2150 Registered No. 188

FULL NAME OF CHILD Mary Beth Fife

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July (Month) 1 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Del Monte Fife	FULL MAIDEN NAME	May Godfrey
RESIDENCE	Garfield Ida	RESIDENCE	Garfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iona Idaho	BIRTHPLACE	Ucon Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Godfrey Stoddard

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rigby R#1 Idaho.

Filed July 18 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP - 9 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number 10372

Registration Dist. No. .....

Sex of Child ..... Female .....

Date of Birth ..... 192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

493-129-010 818

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 103673

County of Bonneville
City of Idaho Falls Idaho
No. ..... St.
Registration District No. 73
Hospital ..... Primary Registration District No. 21 & 6 Registered No. 187

FULL NAME OF CHILD Albert Franklin Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 29 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Albert Miller	FULL MAIDEN NAME	Laura Hayes
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) A. W. Bodenguard M.D.
Physician
(Physician or midwife)
Address Idaho Falls, Idaho

Filed July 7 1922 W. Truman
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Navy Verif. 8/2/61

RECEIVED
SEP 20 1924
BUREAU OF VITAL STATISTICS

OF IDAHO

DE... PUBL...

Boise, Idaho, ... 9 1924 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....
Street .....
County .....

File Number ..... 103673 .....

Registration Dist. No. ..... 3 .....

Sex of Child ..... Male .....

Date of Birth ..... June 21 ..... 1924 .....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Child's Name in Full

..... Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

353-128-010-418

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

County of Bonneville
City of Idaho Falls
No. 178 9th St.
Registration District No. 73
File No. 103674
Hospital
Primary Registration District No. 2050
Registered No. 18

FULL NAME OF CHILD
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	June 28 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Gilbert H Telford	FULL MAIDEN NAME	Nettie Dayley
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Carmen, Okla.	BIRTHPLACE	Oakley, Idaho
OCCUPATION	Prop. Rainbow Café	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed July 5 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH S
E FILED FOR EACH CHILD AND THE SAME CO[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

469-125 · 270-295

County of Bonneville

City of Idaho Falls

No. 211 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED

Registration District No. 73 File No.

Primary Registration District No. 2140 Registered No. 103675

FULL NAME OF CHILD WILMER ROY NORTON
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	yes	June 25 1922

What bactericidal solution was used in eyes? 20 %

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Franklin T Norton	FULL MAIDEN NAME	Luna C. Kinghorn
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho Falls, Idaho	BIRTHPLACE	Lewisville, Idaho
OCCUPATION	Truck Driver	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 2:20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch MD
(Physician or midwife)

Address Idaho Falls

Filed July 5 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

NOV 30 1971

43-[illegible]-49

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville REC[illegible] AUG [illegible] BUREAU

City of Idaho Falls

No. 124 11 St. Registration District No. 73 File No. 103676

Hospital Primary Registration District No. 2170 Registered No. 1f4

FULL NAME OF CHILD James Walter McCoy, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	June 17 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth One. Number of child of this mother now living, including present birth One.

FATHER		MOTHER	
FULL NAME	James W. McCoy	FULL MAIDEN NAME	Margaret Purvis
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Syracuse, Mo.	BIRTHPLACE	Washington, Mo.
OCCUPATION	Auto mechanic	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) H Ray Hatch
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed July [illegible] 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/18/41

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California
County of Alameda } ss.

Certificate No. 103676
Date Filed JUL 17 1941

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for James Walter McCoy, Jr. (no original certificate) who born on June 17, 1922
(Name on original certificate) (Was born or died) (Date of event)
in Idaho Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on shortly after birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
James Walter McCoy, Jr.	(no original)	James Walter McCoy, Jr.
name to be added to record	no name given	

Subscribed and sworn to before me this 14th day of July, 1941

Notary Public, residing at Oakland, Calif.

My commission expires 11-2-42

[SEAL]

Signed E. W. McCoy (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1454 - 155th Avenue, San Leandro, Calif.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho
County of Bonneville } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of July, 1941

Notary Public, residing at Idaho Falls, Idaho

My commission expires

[SEAL]

Signed Frances Crowley
(Signature of any credible person other than the previous affiant)

400-10th Street
Idaho Falls, Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

7/27/41

MAY 26 1964
JAN 18 1968

695-121-012-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103677

County of Bonneville

City of Idaho Falls

No. 214 14th St.

Registration District No. 73

File No.

Hospital

Primary Registration District No. 2170

Registered No. 183

FULL NAME OF CHILD

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	May 21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Nels T Winters	FULL MAIDEN NAME	May Howells
RESIDENCE	Dehlin Ida	RESIDENCE	Dehlin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Norway	BIRTHPLACE	Paradise, Utah
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Idaho Falls

Filed July 5 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPA... ...ARE SEP - 5 1923

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number .....1036.77.....

Registration Dist. No. .....

Sex of Child.....Male.....

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

993-209-010-415

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 573 Ridge St.

Hospital

Registration District No. 73 File No. 103678

Primary Registration District No. 2107 Registered No. 182

FULL NAME OF CHILD Betty Lorean Zitting
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—		—	yes	May 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John A Zitting	FULL MAIDEN NAME	Elsie Davis
RESIDENCE	Salt Lake City	RESIDENCE	Salt Lake City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Far West, Utah	BIRTHPLACE	Idaho Falls RFD
OCCUPATION	Advertising	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed July 11 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1 1944

465-211-010-282

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 346 Gladstone St.

Registration District No. 73 File No. 103679

Hospital

Primary Registration District No. 2110 Registered No. 181

FULL NAME OF CHILD Emlsey Louise Dougal
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—		—	yes	April 11, 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Al C. Dougal	FULL MAIDEN NAME	Racheal Bybee
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Brookline, N.Y.	BIRTHPLACE	Utah
OCCUPATION	laborer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address Idaho Falls

Filed July 5 1922 [signature]
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
SEP 10 19
BUREAU
STA

STATE

WELFARE

SEP - 9 1922

Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: 346 Gladstone St.

County: Bonneville

File Number: 103679

Registration Dist. No.: 1

Date of Birth: April 11th 1922

Sex of Child: Female

Father: A. S. Douglas
Full Name

Mother: Rachel Bybee
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ensley Louise Douglas,
Child's Name in Full

A. S. Douglas,
Signature of Father or Mother

JUL 18 1961

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

843-226-010-295

PLACE OF BIRTH

RECEIVED AUG 17 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville
City of Idaho Falls
No. 263 9th St.
Registration District No. 73
File No. 103680
Hospital
Primary Registration District No. 2170
Registered No. 180

FULL NAME OF CHILD Josephine Hutchings
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	March 26 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Marion P. Hutchings	FULL MAIDEN NAME	Mellie G. Kinghorn
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Price, Washington Co, Utah	BIRTHPLACE	Lewisville, Idaho
OCCUPATION	School Teacher	OCCUPATION	School Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:45 P. M. on the date above stated.

(Signature) H Ray Hatch
Physician
(Physician or midwife)
Address Idaho Falls
Filed July 5 1922 [illegible]
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: 263 9th

County: Bonneville

File Number: 103680

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: March 26 1922.

Father: Marion Price Hutchings (Full Name)

Mother: Mellie Grace Kinghorn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Josephine Hutchings (Child's Name in Full)

Mellie G. Hutchings (Signature of Father or Mother)

SEP 4 1943

FEB 13 1987

FEB 22 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

942-124-010-713

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 15th & Curtis St.

Registration District No. 73 File No. 103681

Hospital

Primary Registration District No. 2140 Registered No. 179

FULL NAME OF CHILD Walter DeForest Rushton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes	Mar 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Edwin J. Rushton	FULL MAIDEN NAME	Hazel E Packer
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho Falls	BIRTHPLACE	McCammon Ida
OCCUPATION	Painter	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed July 1 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
SEP 16 1922
BUREAU OF
STATISTICS

Boise, Idaho, ... 19..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: 15th st. curtis ave

County: Bonneville

File Number: 103681

Registration Dist. No.: Forth

Date of Birth: March 24 1922

Sex of Child: Male

Father: Edwin Junene Rushton (Full Name)

Mother: Hazel Elva Packer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Walter DeForest Rushton
Child's Name in Full

Edwin J. Rushton
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

389-218010-295

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103682

County of Bonneville
City of Idaho Falls
No. 390 So Capital St.
Hospital

Registration District No. 73
Primary Registration District No. 2150
File No.
Registered No. 17A

FULL NAME OF CHILD Enid Eliza Chivers
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—		—	yes	Mar 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Hyrum Chivers	FULL MAIDEN NAME	Rose Emma Kinghorn
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Malad, Idaho	BIRTHPLACE	Lewisville, Idaho
OCCUPATION	Clerk	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch M D
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address Idaho Falls, Idaho

Filed July 1 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
SEP 18 1922
BUREAU OF VITAL STATISTICS

....., ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: 290 So. Capital Ave,

County: Bonneville

File Number: 103682

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: March 18 1922

Father: Hyrum R. Chivers (Full Name)

Mother: Rose E. Kinghorn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Enid Eliza Chivers
Child's Name in Full

Mrs. Hyrum Chivers
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

312.106.010-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Oxford Rooms St.

Hospital

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Registration District No. 73 File No. 103683

Primary Registration District No. 21 V-0 Registered No. 177

FULL NAME OF CHILD GUY RULAN CASPERSON
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes	Mar 6 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Guy E. Casperson	FULL MAIDEN NAME	Rosa T. Andrus
RESIDENCE	Ashton, Idaho	RESIDENCE	Ashton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Montrose, Mo.	BIRTHPLACE	Thatcher Idaho
OCCUPATION	Barber	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12-05 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Ray Hatch M.D.
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed July 1 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1951

249-116-010-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103684

County of Bonneville

City of Idaho Falls

No. 496 4th St. Registration District No. 73 File No.

Hospital Primary Registration District No. 2 1 V 0 Registered No. 176

FULL NAME OF CHILD Dale Hancock Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Feb 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 10% argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	David Smith	FULL MAIDEN NAME	Emily Hancock
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Fillmore, Utah	BIRTHPLACE	Orderville, Utah
OCCUPATION	Automobiles	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7.05 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed July V 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 6 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } MAR 23 11 13 AM '72 Certificate No. 103684

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Smith (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 16, 1922 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Smith	Dale Hancock Smith

Subscribed and sworn to before me this 18th day of October, 1971

R. E. Clements

Notary Public, residing at Idaho Falls, Idaho

My commission expires 2-15-73

(Seal)

Signed David Smith

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of October, 1971

R. E. Clements

Notary Public, residing at Idaho Falls, Idaho

My commission expires 2-15-73

(Seal)

Signed E. H. [illegible]

(Signature of Any Credible Person)

380 E. 21 St. Idaho Falls Idaho

(Street Address, City, State)

FORM DH 60-155 CL 10/6/71 nm

APR 1 1972

Certificate of Membership to the LDS Church dated July 27, 1935 gives name as Dale Hancock Smith. Was Blessed April 2, 1922 and Baptized March 16, 1930. Viewed by V. S.

Service identification card gives name as Dale H. Smith, 1st Lt. dated Sept. 12, 1946 date of birth: Feb 16, 1922. Identification No. D 408014. Viewed by V. S.

292-113.010-291

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 222 Lomax St.

Registration District No. 73 File No. 103685

Hospital

Primary Registration District No. 2 1 - 0 Registered No. 175

FULL NAME OF CHILD Stanley Smith Bishop
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—			yes	Feb 13 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Harold J Bishop	FULL MAIDEN NAME	Jessie Beager
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kaysville, Utah	BIRTHPLACE	Kaysville, Utah
OCCUPATION	Bookkeeper	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:50 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Ray Hatch M.D.
(Physician or midwife)

Address Idaho Falls, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed July 5 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AL REASONS WH
LD AND THE SAME

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: 222 Lomax

County: Bonneville

File Number: 103685

Registration Dist. No.:

Date of Birth: Feb 13 1922

Sex of Child: Male

Father: Harold James Bishop (Full Name)

Mother: Jessie Hazel Deagen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Stanley Smith Bishop (Child's Name in Full)

Mrs. H. J. Bishop (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

439.205.010 212

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

County of Bonneville
City of Idaho Falls
No. 497 E. St.
Hospital

Registration District No. 73
Primary Registration District No. 210

File No. 103686
Registered No. 174

FULL NAME OF CHILD _____
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Feb 5 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Fred C. Ulrich	FULL MAIDEN NAME	Jone Baker
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ebennitz Germany	BIRTHPLACE	Ashton, Idaho
OCCUPATION	Auto Trimmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, **at** 4:20 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) H. Ray Hatch M.D.
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed July 1 192 2 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-223-010-634

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103687

County of Bonneville

City of Idaho Falls

No. 255 12th St. Registration District No. 73 File No.

Hospital Primary Registration District No. 2010 Registered No. 173

FULL NAME OF CHILD Alice Esmelda Crowley
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Jan 23 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Clarence E Crowley	FULL MAIDEN NAME	Mary E Olmstead
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	American Fork, Utah
OCCUPATION	Lawyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) **at** 10:00 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Ray Hatch
(Physician or midwife)

Address Idaho Falls Utah

Filed July 1 1922 C. E. Crowley
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPA

SEP - 9 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ....Idaho Falls.....

Street ....255...12th St.....

County ..Bonneville.....

File Number .....103687.....

Registration Dist. No. .....

Date of Birth ....January 23.....192.2.

Sex of Child.....Female.....

Father .Clarence..E.Crowley..... (Full Name)

Mother ..Mary..E...Olmstead..... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alice Amelda Crowley
Child's Name in Full

E. E. Crowley
Signature of Father or Mother

JUL 30 1963

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

813-216-060-355

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103688

County of Bonneville
City of Idaho Falls
No. ..... St.
Registration District No. 73
File No. .....
Hospital .....
Primary Registration District No. 210
Registered No. 172

FULL NAME OF CHILD Myrtle Alice Hall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 16 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	H Ray Hall	FULL MAIDEN NAME	Luevill Lee
RESIDENCE	Idaho Falls (R 2)	RESIDENCE	Idaho Falls (R 2)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho Falls	BIRTHPLACE	Logan Utah
OCCUPATION	Auto Mechanic	OCCUPATION	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 5 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1948

Amended 9-4-59

PLACE OF BIRTH

415-108-010-257

County of Bonneville

City of Idaho Falls

No. 141 8th St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 103689

Primary Registration District No. 2150 Registered No. 171

FULL NAME OF CHILD Richard Lane Davis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan. 8, 1922

What bacteriacidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: David M. Davis	FULL MAIDEN NAME: Margaret Bean
RESIDENCE: Canyon Creek, Idaho	RESIDENCE: Canyon Creek, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Trumbull Co., Ohio	BIRTHPLACE: Provo, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Ray Hatch

Physician (Physician or midwife)

Address Idaho Falls, Idaho

Filed July 5, 1922 W. Kinnaird
Registrar.

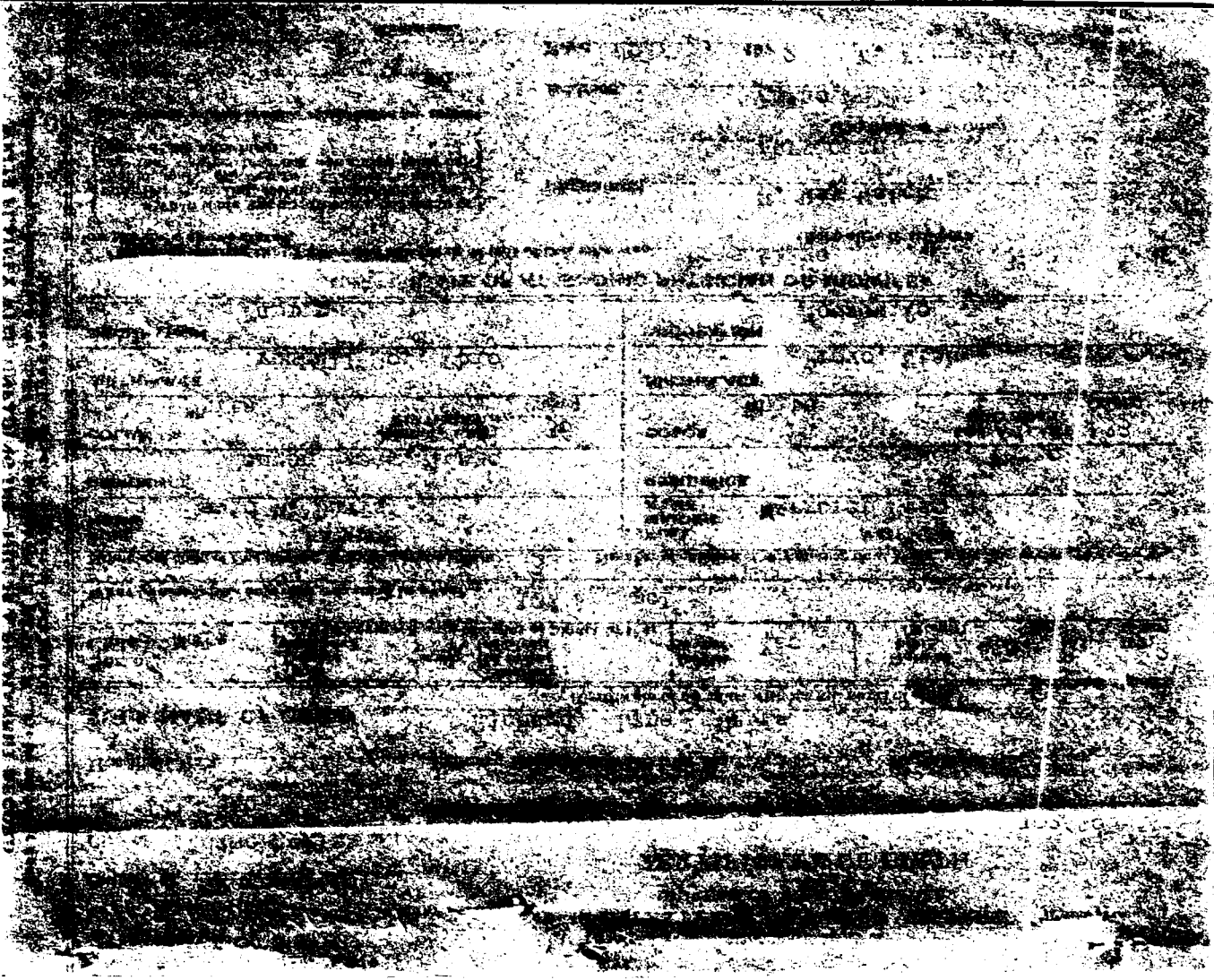
Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Certified copy of Father's Own Birth Certificate, date of record, Feb. 21, 1950, #4342 Probate Court - gives full name as David Morris Davis, born June 14, 1885 in Trumbull Co., Ohio - viewed by V.S.

other document listed on back-

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 103689
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Richard Lane Davis (Name on Original Certificate) who born (Was Born or Died) on Jan. 8, 1922 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Birthplace	Youngstown, Ohio	Trumbull Co., Ohio

Subscribed and sworn to before me this 14th day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of [illegible]

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed [illegible]
(Signature of Any Credible Person)

[illegible]
(Street Address, City, State)

FORM DPH 55.155 CL 6-30-59 nm

Application to the New York Life Insurance Co., Aug. 3, 1912 gives name as David Morris Davis, born June 14, 1885 in Penza, Ohio - viewed by V.S.

according to the letter we received from Mrs. D.M. Davis she states the following:

"The Place of Birth as given in the application is Penza, Ohio. This is the name of the Postoffice in Trumbull County where my husband was born. It is probably no longer in existence, but it shoud establish his birthplace as Trumbull County as it appears on his own birth certificate."

"Probably the attending physician, knowing that my husband had come to Idaho from Youngstown, entered that city as his place of birth. However Youngstown is in Mahoning County."

29/207.003897

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC W[redacted]
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 [illegible]
BUREAU O
STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

No. ..... St.

Hospital .....

Registration District No. 84 File No. 103694

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Donna Bradbury
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	7-7-22 192

What bactericidal solution was used in eyes? arg 20 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles F. Bradbury	FULL MAIDEN NAME	Nathalie Higgenseon
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Chesterfield
OCCUPATION	Farmer	OCCUPATION	hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was b a (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Address Bancroft

Filed 8-1-22 192 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

A

SEVERA[illegible]IONS MAY A CERTI[illegible]
THE SAME

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Chesterfield

Street:

County: Cannock

File Number: 103694

Registration Dist. No.: 15

Sex of Child: Female

Date of Birth: July 7 192 2

Father: Charles Theo Bradbury (Full Name)

Mother: Nathalie Higginson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Donna Bradbury
Child's Name in Full

Nathalie Bradbury
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

157-118-003-271

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 1, 192- SECTION OF VITAL STATISTICS STATE OF IDAHO

County of Bannock

City of Bancroft

No. ..... Registration District No. 84 File No. 103695

Hospital ..... Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD ~~Baby~~ Jeppesen Jacob Spackman

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	7-18-22 192...

What bactericidal solution was used in eyes? arg 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Fred H Jeppesen	FULL MAIDEN NAME: La Vira Spackman
RESIDENCE: Bancroft	RESIDENCE: Bancroft
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Logan Utah	BIRTHPLACE: Lewiston Utah
OCCUPATION: Farmer	OCCUPATION: hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 AM. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter Beach MD

(Physician or midwife)

Address Bancroft

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 8-1-22 192.. Walter Beach

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASONS WHY A CERTIFICATE OF BIRTH SHO
CHILD AND THE SAME CO

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bancroft

Street: .....

County: Bannock

File Number: 103695

Registration Dist. No.: .....

Sex of Child: Male

Date of Birth: July 18 192 2

Father: Frederick N. Jeppesen (Full Name)

Mother: LaVina Spackman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jacob Spackman Jeppesen

Child's Name in Full

LaVina Spackman.

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

143-101-002-296

PLACE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0 [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 103696

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Gilbert Edward Putman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 1 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Besiger Putman	FULL MAIDEN NAME	Margaret Viola Brown
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Bountiful Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 145 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ew Fox

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Ida

Filed 7/1 1922 Ew Fox

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1941
SEP 4
1942

155-105-012-212

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

City of Moore

Registration District No. 59

File No. 103697

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Delwin A. Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	~~Twins~~	1	Yes	7 (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Moses A. Jensen	FULL MAIDEN NAME	Ruth Bassett
RESIDENCE	Moore, Idaho	RESIDENCE	Moore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Arco, Ida

Filed 7-5 1922

E W Fox Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED SEP 23 BUREAU OF VITAL STATISTICS

SEP - 1

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moore

Place of Birth — Street: .....

Place of Birth — County: Butte

File Number: 103697

Registration Dist. No.: Moore

Sex of Child: Male

Date of Birth: July 5 192 2

Father: Moses A Jensen
Full Name

Mother: Ruth Bassett
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Melvin A Jensen
Child's Name in Full

Mrs Ruth A Jensen
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

155-105-002-212

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED AUG 1. 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Butte

City of Moore

Registration District No. 59

File No. 103698

No. ..... St.

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Elsie A. Jensen

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	2	Yes	7-5-22

FATHER	MOTHER
FULL NAME: Moses A Jensen	FULL MAIDEN NAME: Ruth Barrett
RESIDENCE: Moore Idaho	RESIDENCE: Moore Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emmett Physician

(Physician or midwife)

Address Moore Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7-5 19 22 Emmett Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .... Moore

Street .....

County ..... Butte

File Number 103698

Registration Dist. No. Moore

Date of Birth ..... July 5 1922

Sex of Child ..... Male

Father ..... Moses A. Jensen (Full Name)

Mother ..... Ruth Bassett (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

..... Elvin A. Jensen .....
Child's Name in Full

..... Mrs. Moses A. Jensen .....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

593-101-012-395

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. 59

File No. 103699

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lawrence Ray Nichols

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	7-1-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Carlton Nichols	FULL MAIDEN NAME	Ruth Linn
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Illinois
OCCUPATION	Oil driller	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.55 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Arco, Idaho

Filed 7/2 1922

E W Fox
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
SEP 20 192?
BUREAU

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP - 9 [illegible]

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arco

Street: .....

County: Butte

File Number: 103699

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 1 192.2

Father: George Carlton Nichols (Full Name)

Mother: Ruth Emma Linn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lawrence Raul Nichols

Child's Name in Full

Mrs. Geo. Nichols

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

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1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Monterey } ss.

Certificate No. 103699

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lawrence Ray Nichols (Name on Original Certificate) who born (Was Born or Died) on July 1, 1922 (Date of Event)
in Arco, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's birthplace	Canada	Watertown, South Dakota

Subscribed and sworn to before me this 13th
day of July, 1942
Edythe McKinsey
Notary Public, residing at Salinas, California
My commission expires Jan 11, 1946
(Seal)

Signed Ruth Emma Nichols
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
726 Kilbreth St., Salinas
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Monterey } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of July, 1942
Edythe McKinsey
Notary Public, residing at Salinas, Calif.
My commission expires Jan. 11, 1946
(Seal)

Signed Dorothy Fay Smith
(Signature of Any Credible Person Other Than Previous Year)
252 Towt St., Salinas, Calif.
(Street Address, City, State)

JUL 18 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-114-012-433

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

Registration District No. 59

Primary Registration District No. .....

File No. 103700

Registered No. .....

FULL NAME OF CHILD Harold David Smith

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth 7 (Month) 14 (Day) 1922 (Year)

FATHER

FULL NAME Horace Robt. Smith

RESIDENCE Arco, Idaho

COLOR White | AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Murray Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Ellen McLin

RESIDENCE Arco Idaho

COLOR White | AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Ouray Colo

OCCUPATION Housewife

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. .....19.....

.....
Registrar

(Signature) .....

.....
(Physician or midwife)

Address Arco Idaho

Filed 9/15 1922

.....
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED SEP 22 1922 BUREAU OF VITAL STATISTICS

SEP [illegible]

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .... Arco

Street .....

County .... Butte

File Number 103700

Registration Dist. No. .....

Date of Birth ... July 14th ... 1922

Sex of Child ..... Male

Father ... Horace Robert Smith ... (Full Name)

Mother ... Mary Ellen McLin ... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

... Harold David Smith ... (Child's Name in Full)

... Mrs. Horace R. Smith ... (Signature of Father or Mother)

MAY 27 1963

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

795-116-012-433

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Butte

RECEIVED AUG 1 1922 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Arco

Registration District No. 59 File No. 103701

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Charles Edward Piefer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	7 (Month) 16 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Charles Edward Piefer	FULL MAIDEN NAME	Bertha McClellan
RESIDENCE	Arco Idaho	RESIDENCE	Arco Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Canada	BIRTHPLACE	Utah
OCCUPATION	Butcher	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Arco, Idaho

Filed 7/16 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, in order of birth stated, and the number of each, in order of birth stated.

K

3131075012-168

PLACE OF BIRTH

RECEIVED
AUG 1 1922
VITAL

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

Registration District No. 59 File No. 103702

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Melvin Le Grande Caldwell

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 7 1922

FATHER		MOTHER	
FULL NAME	Francis M. Caldwell	FULL MAIDEN NAME	Eva E. Johnson
RESIDENCE	Moore, Idaho	RESIDENCE	Moore, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Vernal Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Spanish Fork, Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) Mrs H. P. Haney
midwife
(Physician or midwife)

Address Moore, Ida.

Filed July 14 1922 [illegible]
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 12 1943

167-125-012-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. 59

File No. 103703 A

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Carl Garreth Joplin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	8 25 1922

FATHER		MOTHER	
FULL NAME	Carl Bertrand Joplin	FULL MAIDEN NAME	Eva McClellan
RESIDENCE	Arco Idaho	RESIDENCE	Arco Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Boise, Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

Filed 8/25 1922

[signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1942

697-107.012 613

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

County of Butte

City of Clyde Registration District No. 59 File No. 1037038

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Corwin Arwon Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	aug 7 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Irwin Williams	Minnie N. Wallace
RESIDENCE	Clyde	Clyde
COLOR / AGE AT LAST BIRTHDAY	white / 47 (Years)	white / 27 (Years)
BIRTHPLACE	Lansing Michigan	Elsmo Missouri
OCCUPATION	Farmer	Teacher

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily Badinger

Midwife

(Physician or Midwife)

Given names added from a supplemental report

Address Howe Idaho

....., 19.....

Filed 9/31 1922

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

391-16-02-958

PLACE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 69

File No. 103704

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Calvin Howard Crandall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 16 1922

	FATHER	MOTHER
FULL NAME	Lee Wallace Crandall	FULL MAIDEN NAME Norma Reynolds
RESIDENCE	Ares Idaho	RESIDENCE Ares, Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Driggs, Idaho	BIRTHPLACE Springville Utah
OCCUPATION	Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2308 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox
Physician
(Physician or midwife)

Address Ares Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed 9/7 1922 E W Fox
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 1961

AUG 27 1942

465-209-012-951

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

RECEIVED SEP 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. 59

File No. 103705

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen Montgomery

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 9 1922

FATHER		MOTHER	
FULL NAME	Edgar L. Montgomery	FULL MAIDEN NAME	Anna Inama
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Indiana	BIRTHPLACE	Hailey, Idaho
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 430 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

Filed 8/9 1922 E W Fox

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

019-204-012-693

PLACE OF BIRTH

RECEIVED SEP [illegible] BUREAU OF VITAL STATISTICS STATE OF IDAHO

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Troy Registration District No. 59 File No. 103706

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Marie Jain

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	8 4 1922

FATHER	MOTHER
FULL NAME Oliver Benj. Jain	FULL MAIDEN NAME Elsie Wilhite
RESIDENCE Troy, Idaho	RESIDENCE Troy, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Indiana
OCCUPATION Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth, 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Troy, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8/5 1922

[signature] Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 7 10 15 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of MONTANA
County of FERGUS } ss.

Certificate No. 103706

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bain (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug 4, 1922 (Date of Event)
in Sweet Sage, Idaho (Butte) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by FAMILY RECORDS (Bible Record, Insurance Policy, Etc.) prepared on OVER THE PAST 50 YEARS (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Bain	~~Dorothy~~ Marie Bain

Subscribed and sworn to before me this 3rd day of November, 1977.

Donald O. Romick
Notary Public, residing at Lewistown, Mont.
My commission expires 8-5-80
(Seal)

Signed Elsie Wilbita Bain
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of MONTANA
County of FERGUS } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of November, 1977

Notary Public, residing at Lewistown, Montana
My commission expires 8-5-80
(Seal)

Signed R. J. Zieman
(Signature of Any Credible Person)

Mosby, Montana 59058
(Street Address, City, State)

FORM DH 60-155

CL 10/27/77

Diploma from Washakie County Highschool gives name as Dorothy Marie Bain dated May 19, 1941. viewed by V. S.

DEC 9 1977

Certificate of Marriage from the State of Wyoming. gives names as Reynold Gustave Ziesman and bride's name as Dorothy Marie Bain. dated Aprl 5, 1942. viewed by VS

665-124-013-49.7

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

No. ..... St.

Hospital At Home

Registration District No. 58th

Primary Registration District No. 2138

File No. 103707

Registered No. .....

FULL NAME OF CHILD Dick Owens

Sex of Child Male

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry R. Owens	FULL MAIDEN NAME	Sabra Dixon
RESIDENCE	Fairfield Idaho	RESIDENCE	Fairfield Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Oakley Idaho	BIRTHPLACE	Clifton Idaho
OCCUPATION	Post Master	OCCUPATION	House wife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie L. Thurber
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Fairfield Idaho

Registrar

Filed 8-5 1922 L. Wilencheck
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 3

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

374-129-013-553

PLACE OF BIRTH

RECEIVED AUG 1 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

Registration District No. 58th

File No. 103708

No. ..... St.

Primary Registration District No. 2138

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lee Nelson Lamson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Yes.	July 29th 1922

FATHER

FULL NAME: Ernest Leland Lamson

RESIDENCE: Blaine, Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Hattie Belle Nelson

RESIDENCE: Blaine, Idaho.

COLOR: white

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Nebraska.

OCCUPATION: Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10⁰⁰ P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilcheck

Phys. (Physician or midwife)

Address Fairfield Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed 8-1 1922 L Wilcheck Registrar

266231-013-236

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

No. 3 miles North St.

Hospital

Registration District No. 58d

File No. 103709

Primary Registration District No. 2138

Registered No.

FULL NAME OF CHILD Temperance Frances Annie Bown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	July (Month) 31 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Harold White Bown	FULL MAIDEN NAME	May Agnes Stone
RESIDENCE	Corral, Idaho	RESIDENCE	Corral, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Fairfield, Idaho

Filed 8-4 1922 L Wilencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-224-013-145

PLACE OF BIRTH

RECEIVED
SEP 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canas

City of Hill City

No. ..... St.

Registration District No. 58d

File No. 103710

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Maxine Evelyn Sellers

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	July 24 1922

FATHER	MOTHER
FULL NAME: James W. Sellers	FULL MAIDEN NAME: Nettie E. Ames
RESIDENCE: White Hill City	RESIDENCE: Hill City
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Fairfield Texas	BIRTHPLACE: San Bernardino California
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 30 Pm M. on the date above stated.

(Signature) James W Sellers

" " "

(Physician or midwife)

Address Hill City Ida

Filed Sept. 1st 1922 L Wheelucheck Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/16/41. w.h.

464 PLA[redacted]-491

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

County of Canyon
City of Bowmont
No. ..... St.
Registration District No. 7 File No. 103711
Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Richard Larken Morris
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	July 12 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Elmer Morris	FULL MAIDEN NAME	Nellie Mae Drake
RESIDENCE	Wilder Rt 1	RESIDENCE	Wilder Rt 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr M. S. Fink
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed Aug 10 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] SEP 27 1965

NOV 21 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

684-231-014-855 Country

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R. F. D.

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 7 File No. 103712

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Martha Catherine White

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	July 31 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. D. White	FULL MAIDEN NAME	Clara Henry
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:25 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Filed Aug. 10 1922 Pearle Dodds
Registrar

Registrar

268-203-016-694

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7

File No. 103713

Hospital Mercy

Primary Registration District No. 2006

Registered No. .....

FULL NAME OF CHILD Violet Mae Boyce
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 3 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother including present birth 5 — Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Robert Oliver Boyce	FULL MAIDEN NAME	Lila Friedel
RESIDENCE	Kuna	RESIDENCE	Kuna
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Delaware	BIRTHPLACE	Delaware
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Funk M.D.
M.D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug. 10 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433222-014-241

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Melba

No. Route # 1. Registration District No. _____ File No. 103714

Hospital _____ Primary Registration District No. _____ Registered No. _____

RECEIVED AUG 17 1922 BUREAU STATE

FULL NAME OF CHILD Edith Marie [redacted] Clintick
(Certificate of [illegible] without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Apr 22 1922

What bactericidal solution was used in eyes? Silver Nitrate 1 % Sol.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Arthur F. McClintick	FULL MAIDEN NAME	Marie Smart
RESIDENCE	Melba, Idaho.	RESIDENCE	Melba, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician
(Physician or midwife)

Give names added from a supplemental report.

_____, 19____

_____
Registrar.

Address _____

Filed Aug 18 1922 Hearle Dodge
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1942

DEC 14 1950

APR 15 1943

799-22.4.01 X-458

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103715

County of Canyon

RECEIVED AUG 1 1922 BUREAU OF VITAL STATISTICS

City of Nampa

Registration District No. 7 File No.

No. R# 2

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Margaret Marcella Pride

Sex of Child female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 7-24-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Parter S. Pride	FULL MAIDEN NAME	Mary Meyers
RESIDENCE	R# 2 Nampa	RESIDENCE	R# 2 Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer (h. w.)

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 30 A. M. on the date above stated.

(Signature) Leo W. Chilton M.D.

(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Address Nampa, Idaho

Filed Aug. 1 1922 Earl [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1975
FEB 2 2 2000

389-120-014-455

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R# 3 St.

Hospital —

Registration District No. 7 File No. 103716

Primary Registration District No. 200 Registered No.

FULL NAME OF CHILD Elmer Thiel

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	July (Month) 20 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Thiel	FULL MAIDEN NAME	Kathrine Bensel
RESIDENCE	R#3 Nampa	RESIDENCE	R# 3- Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chelton M.D

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Ida.

Filed Aug 10 1922 [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 8 1947

217-226-C X-433

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 103720

No. R R No 2 St.

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD Mary Leta Sager

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	yes	June 26 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	T. E. Sager	FULL MAIDEN NAME	Iva McClatchey
RESIDENCE	Nampa Ida R R No 2	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Registrar

Filed Aug 8 1922 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-230-24-864

Country

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R.B. No 5 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

REC... AUG 17 ... BUREAU ... STATE

Registration District No. 7

File No. 103721

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD Hazel Verlene Henrickson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	Yes	June 30 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. C. Henrickson	FULL MAIDEN NAME	Myrtle Hodges
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Murray M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Nampa Idaho

19

Registrar

Filed Aug 8 1922 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 9 1975

FEB 2 8 1956

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

County of Canyon
City of Nampa
No. Route # Registration District No. 7 File No. 103722
Hospital Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD John Raymond Bowers.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 1 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Solution

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5.

FATHER		MOTHER	
FULL NAME	Porter Dallas Bowers.	FULL MAIDEN NAME	Mary Ellen Parker
RESIDENCE	Nampa - Idaho.	RESIDENCE	Nampa - Idaho.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Alabama.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
(Physician or midwife)

Address Nampa - Ida.

Filed July 20 1922 Pearle Dodds
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-1-41

669-208-01X-613

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7

File No. 103724

No. 107-11th Ave No.

Primary Registration District No. 1086

Registered No.

Hospital

FULL NAME OF CHILD Erma Agnes Farrey.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	Aug 8 1922

FATHER	MOTHER
FULL NAME Howard V. Farrey	FULL MAIDEN NAME Florence Odle
RESIDENCE 107-11th Ave No. Nampa	RESIDENCE 107-11th Ave. No. Nampa
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9.30 P. M. on the date above stated.

(Signature) Leo W. Chilton M.d.

(Physician or midwife)

Address Nampa Idaho

Filed Aug. 16 1922 Pearl [illegible] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-115-01K-437

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

County of Canyon

City of Nampa

No. 411-4th So. St.

Registration District No. 7

File No. 103725

Primary Registration District No. 1056

Registered No.

Hospital —

FULL NAME OF CHILD Richard Henry Hays

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	Yes	July 15 1922

FATHER	MOTHER
FULL NAME Henry Brant Hays	FULL MAIDEN NAME Ethyl M. McGarvey
RESIDENCE 411-4th Ave So	RESIDENCE 411-4th Ave So
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Nebraska
OCCUPATION Laborer	OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:35 A. M. on the date above stated.

(Signature) Lee N. Chilton MD

(Physician or midwife)

Address Nampa Idaho

Filed Aug 7, 1922 Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-117-014-261

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 BUREAU

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7 File No. 103726

Primary Registration District No. 1002 Registered No. .....

Hospital .....

FULL NAME OF CHILD William Swan Kienshaw

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			1	yes	6 — 17 — 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm R. Kienshaw	Ester J Swan
RESIDENCE	Nampa	Nampa
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	45	29
BIRTHPLACE	Oregon	Mo.
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2. P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr H. C. Robinson

Physician

(Physician or midwife)

Address 1317 4th St. S. Nampa

Filed Aug 19 1922 Pearl Linda

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

#19-10-014-25

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

County of Canyon
City of Nampa
No. St.
Registration District No. 7 File No. 103727
Hospital Primary Registration District No. 1086 Registered No.

FULL NAME OF CHILD Wayne Kirkpatrick Marcum
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	July 1 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Elvey Grant Marcum	FULL MAIDEN NAME	Mother Edna Ozella Skeen
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Texas
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Fark M.D.
M.D.
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 15 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

693-119.014-3.19

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 715-10th Av. So St.

Registration District No. 7 File No. 103728

Primary Registration District No. 1004 Registered No.

Hospital —

FULL NAME OF CHILD Warren C. Wiley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	7 (Month) 19 (Day) 19 22 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claude F. Wiley	FULL MAIDEN NAME	Emily Card
RESIDENCE	715-10th Ave So	RESIDENCE	715-10th Ave So
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chelton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho

Filed Aug 10 1922 Pearl [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-216-11-296

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

RECEIVED AUG BUREAU STA

City of Nampa

Registration District No. 7 File No. 103729

No. St.

Primary Registration District No. 1036 Registered No.

Hospital

FULL NAME OF CHILD Violet Mary Penesh.

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth July 16th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe Penesh	FULL MAIDEN NAME	Violet Bronson
RESIDENCE	Nampa - Idaho	RESIDENCE	Nampa - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Sciley	BIRTHPLACE	Idaho -
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mangum M. H.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar.

Filed Aug 11 1922 Pearl Wade
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-204-014854

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

#55

RECEIVED AUG

CERTIFICATE OF BIRTH

County of Dany

City of [illegible]

Registration District No. 7 File No. 103731

No. ..... St.

Primary Registration District No. [illegible] Registered No. .....

Hospital .....

FULL NAME OF CHILD Norma Caroline Borup

Sex of Child Fet. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 8 (Month) 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Franklin Borup	FULL MAIDEN NAME	Elsie Eleanor Hedden
RESIDENCE	919-10 ave So Nampa	RESIDENCE	919-10 ave So Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Poultry Raising	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Meredith D.O.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed Aug 10 1922 [illegible] Registrar.

313/01-01X556

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 706 E. 6th St.

Hospital

Registration District No. 1

Primary Registration District No. 1

File No. 103732

Registered No.

FULL NAME OF CHILD Albert Lalande Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	—		—	yes	Aug 1 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Lalande	FULL MAIDEN NAME	Nellie Newman
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Montana	BIRTHPLACE	Colorado
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M D

(Physician or midwife)

Given names added from a supplemental report.

Address Nampa Ida

19

Registrar

Filed Aug 10 1922 Pearle Dodder

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 5 1954

JUL 15 1963

613-224-814-534

PLACE OF BIRTH

STATE OF IDAHO
[redacted]TMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 17 1922 BUREAU

County of Canyon

City of Nampa

No. ..... St. ..... Registration District No. 7 File No. 103733

Hospital ..... Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Edna Lillian Watt.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	July 24th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Solution

Number of child of this mother, including present birth 3. Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wilbur Warren Watt	FULL MAIDEN NAME	Ada Ruth Elmore
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa - Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska.	BIRTHPLACE	Iowa.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician.
(Physician or midwife)

Give names added from a supplemental report.

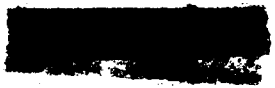
....., 19....

..... Registrar.

Address .....

Filed Aug 11 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



667-209-014-765

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH Amended 12-14-07 ns

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 103734

No. ..... St.

Primary Registration District No. 1006 Registered No. .....

Hospital Mercy

FULL NAME OF CHILD ~~Francis~~ Frances Zatho ~~Togstead~~ Togstad

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	July 7, 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Alfred ~~Alford~~ Togstad	FULL MAIDEN NAME Mabel Goudie
RESIDENCE 104 20th Ave So	RESIDENCE 104 20th Ave So
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Iowa
OCCUPATION Salesman, Nampa	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Nampa Ida

Filed Aug 15 1922 Pearl Swadd Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 8 1967

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____ }

Certificate No. 22-103734

Date Filed August 17, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Francis Zatho Togstead (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 9, 1922 (Date of Event)

in Nampa (Canyon Co.) (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's first name	Francis	Frances
Child's surname	Togstead	Togstad
Child's date of birth	July 9, 1922	July 7, 1922
Father's first name	Alford	Alfred
Father's surname	Togstead	Togstad

Subscribed and sworn to before me this 11th day of December 2007

Notary Public, Sonny Lander

Residing at Nampa, ID

My commission expires 5.19.2012 (Seal)

SONNY LANDER NOTARY PUBLIC STATE OF IDAHO

X Frances Zatho DeCoursey
Signature of Applicant

704 - 7th Ave So. Nampa, Idaho 83651
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐) _____

(Is not necessary ☒) _____

State of _____ } SS
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____ (Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

04-06-7

OBVIOUSE OLD BABY BOOK PAGE ANOUNCING FRANCES ZATHO TOGSTAD WAS BORN 07-07-22 AT MERCY HOSPITAL, NAMPA FATHER AL TOGSTAD MOTHER MABLE TOGSTAD DR CHILTON NURSE LAURA MCMAHON VIEWES BY VS

INSURANCE APPLICATION FOR FRANCES ZATHA TOGSTAD DATED 11-10-41 VIEWED BY VS SHOWING DOB AS 07-07-22
BAPTISM CERT FOR FRANCE ZATHO DECOURSEY DATED 04-03-66 VIEWED BY VS SHOWING DOB AS 07-07-22

ID BC 54-3169 FOR DIRK TOGSTAD DECOURSEY BORN 03-13-54 IN NAMPA (CANYON CO)
SHOWING MOTHER'S NAME AS FRANCES Z TOGSTAD VIEWED BY VS

ID BC 09-297864 FOR CHARLOTTE LAURA TOGSTAD BORN 05-10-09 IN MOSCOW SHOWING FATHER'S NAME AS ALFRED TOGSTAD VIEWED BY VS

ID DC 60-4534 FOR ALFRED TOGSTAD WHO DIED 11-24-60 IN NAMPA VIEWED BY VS

693-119-014-555

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 192

CERTIFICATE OF BIRTH

103735

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. 715 - 9th Av So St.

Primary Registration District No. 1306 Registered No.

Hospital —

FULL NAME OF CHILD Ralph Nevins Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	—	yes	7-19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert M. Wilson	FULL MAIDEN NAME	Edna Nevins
RESIDENCE	715 - 9th Ave So	RESIDENCE	715 - 9th Ave So
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Illinois	BIRTHPLACE	Arkansas
OCCUPATION	Auctioneer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:55 A. M. on the date above stated.

(Signature) Leo W Chetton M.D.

(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Address Nampa Ida

Filed Aug 19 1922 Earl [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1943

236-129-014-349

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED AUG 1 1922

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 103736

No. Willard Hotel St.

Primary Registration District No. [illegible] Registered No.

Hospital —

FULL NAME OF CHILD Wm ~~Curtis~~ Storm

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	July 29 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Ervin C. Storm	FULL MAIDEN NAME Thelma J. Curtis
RESIDENCE Willard Hotel	RESIDENCE Willard Hotel
COLOR White AGE AT LAST BIRTHDAY 21 (Years)	COLOR White AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Indiana
OCCUPATION Lobarve	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Live (Born alive or stillborn), at 6 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho

Filed Aug. 1 1922 [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Enterprise, Oregon
March, 21, 1941

Department of Public Welfare
Division of Public Health
Boise, Idaho

Gentlemen;

Enclosed you will find the birth certificates I sent for recently.

You will notice a mistake has been made in filling out the birthplace of my husband. On Williams it reads Missouri, but it should read Oregon as it does on Roberts.

I will appreciate your prompt attention being given this matter as William needs his certificate in order to graduate from an airplane school.

Your's very sincerely,
Mrs. E. C. Storm.

#103736- 126428

RECEIVED
MAR

515-24-214-443

PLACE OF BIRTH

RECEIVED
AUG 17 192
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7 File No. 103737

Hospital ..... Primary Registration District No. 1996 Registered No. .....

FULL NAME OF CHILD Dorthy Mildred Van Horn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female			Yes	Jan	11	1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George Van Horn	FULL MAIDEN NAME	Okie Duckworth
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **, at** 5:49 P **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. L. Fink M.D.

MD
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 15 1922 Pearl Brooks
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1942

742-116-014-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 9th ave So St.

Registration District No. 7 File No. 103738

Hospital

Primary Registration District No. 1006 Registered No.

RECEIVED AUG 1 1922 BUR

FULL NAME OF CHILD Lyle Dean Gustaves
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 16 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Earl Rex Gustaves	FULL MAIDEN NAME	Helen Agnes Bernier
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Seattle Washington	BIRTHPLACE	Minnesota
OCCUPATION	Gen'l Life Ins Agent	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Fink M.D.
M.B.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Aug 18 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363/20-04-715

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7 File No. 103739

Hospital ..... Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Jack Holland Collins.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	May 20. 1922

What bactericidal solution was used in eyes? 1% Silver nitrate.

Number of child of this mother, including present birth 1st. Number of child of this mother now living, including present birth 1.

FATHER		MOTHER	
FULL NAME	Geo. Clark Collins.	FULL MAIDEN NAME	Serena May Davis.
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20.
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 8:20 a. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Fish M.D.
M B
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug. 10 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

859-201-014-238

PLACE OF BIRTH

AMENDED - NOVEMBER 16, 1948

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 103740

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Marjorie Bessie Hergert
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	August 1 1922

What bacteriocidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Herman Hergert	FULL MAIDEN NAME: Fannie Schumberg
RESIDENCE: Nampa, Idaho	RESIDENCE: Nampa, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Oregon
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. M. S. Fink
(Physician or midwife)

Address .....

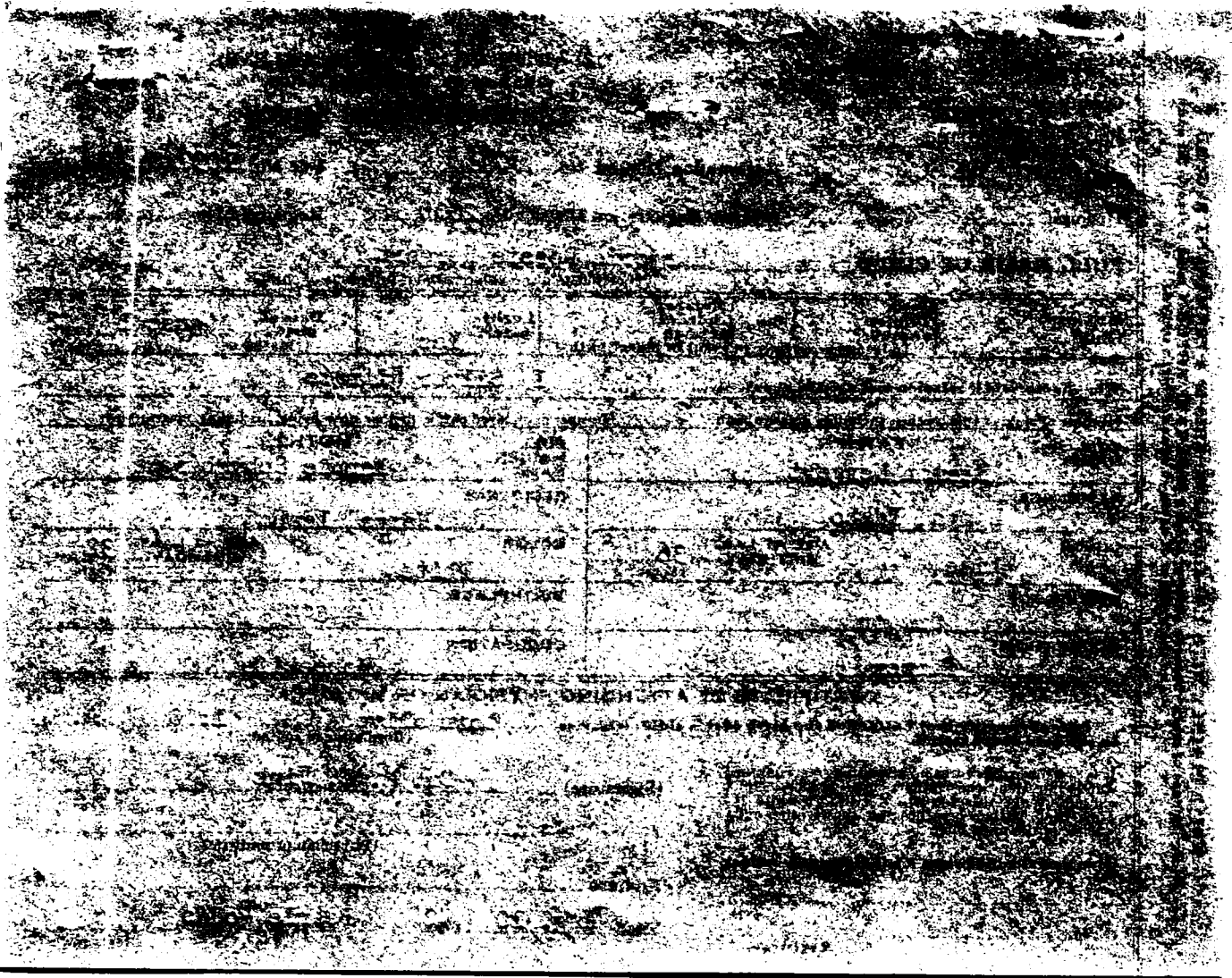
Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Aug. 10 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 103740

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Kathleen Bessie Hergert (Name on Original Certificate) who born (Was Born or Died) on August 1, 1922 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism Certificate (Bible Record, Insurance Policy, Etc.) prepared on April 8, 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Kathleen Bessie Hergert	Marjorie Bessie Hergert

Subscribed and sworn to before me this 13 day of November, 19 48

Geraldine Pond
Notary Public, residing at Nampa, Idaho
My commission expires 11-22-50
(Seal)

Signed Mrs. Fannie Hergert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

217 Davis, Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of November, 19 48

Geraldine Pond
Notary Public, residing at Nampa, Idaho
My commission expires 11-22-50
(Seal)

Signed Mrs. Helen Fox
(Signature of Any Credible Person)

311 - 2 Ave. So. Nampa, Ida.
(Street Address, City, State)

NOV 16 1948
NOV 7 1973

319-[illegible]-65

PLACE OF BIRTH

RECEIVED AUG [illegible] 22 BUREAU [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 7 File No. 103741

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Jay Ross Larson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	June 17 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lars Edw Larson	FULL MAIDEN NAME	Clara Eliz. Jones
RESIDENCE	Caldwell	RESIDENCE	
COLOR	White. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	House Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 3.50 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr M. S. Fink.
M-13
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed Aug 1 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 [illegible] 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

S1K-106-614-266

County of Canyon

City of Caldwell

No. R. 1 Street

Hospital Residence

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 103742

Primary Registration District No. 2005 Registered No. 133

FULL NAME OF CHILD RAYMOND RALPH HAMNER

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	7 – 6 – 1922

What bacteriocidal solution was used in eyes? Nitrate Silver 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ralph Hamner	FULL MAIDEN NAME	Minnie Bow
RESIDENCE	Caldwell, Idaho R 1	RESIDENCE	Caldwell, Idaho R1.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley M. D.

(Physician or midwife)

Address Caldwell Idaho

Filed July 7 1922 John F. Meyer. Registrar.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. 103742

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Raymond Ralph Hamner

Subscribed and sworn to before me this 28th day of July, 1942

Notary Public, residing at Caldwell

My commission expires July 1 1945
(Seal)

Signed Winnie Hamner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

AUG 1 1942

STS-208-014-36K

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. ..... St. ..... District No. 3 File No. 103743
Hospital - Home Primary Registration District No. 2005 Registered No. 134

FULL NAME OF CHILD Leora Frances VanSteertegheme
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	and	2nd	yes	July 8 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate Sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank VanSteertegheme	FULL MAIDEN NAME	Alida Lootens
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Belgium	BIRTHPLACE	Belgium
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2.25 P. M. on the date above stated. (Born alive or stillborn) July 8 1922

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. M. Kaley
Physician
(Physician or midwife)

Address Caldwell Idaho

Give names added from a supplemental report.

....., 19.....

Filed July 8 1922 John H. Meyer
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-1091 614-812

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

~~Hospital~~ .....

RECD AUG 17 BUREAU

Registration District No. 3 File No. 103744

Primary Registration District No. 2005 Registered No. 135

FULL NAME OF CHILD Frank Marion Evans
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth
male	5th	yes	July - 8 - 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Edwin Evans	FULL MAIDEN NAME	Mary Edna Haskins
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8.25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. Dudley
Physician
(Physician or midwife)

Address Caldwell, Idaho.

Filed July 8th 1922 John H. Meyer
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 3 1974

NOV 4 1942

NOV 29

849-2871 [illegible]-565

PLACE OF BIRTH

RECE[illegible] AUG [illegible] BUREAU [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St. Registration District No. 3 File No. 103745

Hospital ..... Primary Registration District No. 1005 Registered No. 136

FULL NAME OF CHILD Ida Ethel Quint
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female	1st	yes	July-9-1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1st

FATHER		MOTHER	
FULL NAME	Ralph Quint	FULL MAIDEN NAME	Lena Novak
RESIDENCE	Caldwell	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Poland	BIRTHPLACE	New York
OCCUPATION	Hide Tanner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8.45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C. M. Kaley
Physician
(Physician or midwife)

Address Caldwell Idaho

Filed July 12 1922 John P. Meyer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

'L REASONS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: ~~Idaho~~ Caldwell

Street: Caldwell Sanitarium

County: Canyon

File Number: 103745

Registration Dist. No.:

Date of Birth: July 9, 192 2

Sex of Child: Female

Father: Ralph Lunt
Full Name

Mother: Lena Novak
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ida-Ethel Lunt
Child's Name in Full

Mrs. Ralph Lunt
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

763 10-24-251

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. ..... St.
Hospital

Registration District No. 3
Primary Registration District No. 1005

File No. 103746
Registered No. 137

FULL NAME OF CHILD Albert Fagle Goldsmith
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 10 1922

What bacterieidal solution was used in eyes? 1% Silver Nitrate Sol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Alonzo Fremont Goldsmith	FULL MAIDEN NAME	Ora Cleo Bean
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. C. M. Kaley
Physician
(Physician or midwife)

Address Caldwell Idaho

Filed July 12 1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1960

SEP 1 1942

359-211-014-719

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Canyon

RECEIVED
AUG 17 1922
STATISTICS

CERTIFICATE OF BIRTH

City of Caldwell

Registration District No. 3 File No. 103747

No. 204 Cleveland St.

Primary Registration District No. 1005 Registered No. 138

Hospital

FULL NAME OF CHILD Maxine Leininger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 11th (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Glenwood Edgar Leininger	FULL MAIDEN NAME	Effie Laura Garber
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Auto Top Trimmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Caldwell Idaho

Registrar

Filed July 11th 1922 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

916-211-01X-796

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

RECEIVED
AUG 7 1922
BUREAU OF VITAL STATISTICS

Registration District No. 3 File No. 103748

No. ____ St. ____

Primary Registration District No. 2005 Registered No. 139

Hospital ____

FULL NAME OF CHILD Alma Louise Rawn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	July 11 1922

FATHER		MOTHER	
FULL NAME	William C Rawn	FULL MAIDEN NAME	Grace Proctor
RESIDENCE	Caldwell Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Ill
OCCUPATION	Farming	OCCUPATION	Same

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P.M. on the date above stated.

(Signature) L D Stewart

Physician
(Physician or midwife)

Address Caldwell Idaho

Filed July 15 1922 John L Meyer
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 31 191

612-114-014-384

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 103749

Primary Registration District No. 1005 Registered No. 148

FULL NAME OF CHILD William Grant Wakefield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 14 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. D. Wakefield	FULL MAIDEN NAME	Mabel Thurston
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Lineman	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6:30 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Forrer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Idaho

Filed Aug. 9 1922 John S. Meyer Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

743 PLACE OF BIRTH 165-014-341

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

County of Canyon
City of Caldwell
No. ..... St.
Hospital

Registration District No. 3 File No. 103750
Primary Registration District No. 2905 Registered No. 141

FULL NAME OF CHILD Vivian Crawford Gilbert
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			Yes	July	15	1922

What bacteriocidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Vivian Gilbert	FULL MAIDEN NAME	Florence Crawford
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	South Dakota	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. F. M. Cole
Physician
(Physician or midwife)
Address Caldwell Idaho
Filed July 16th 1922 John H. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PAL REASONS BY A CERTIFICATE OF BIRTH S
WITH THE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED SEP 14 1922 BUREAU OF VITAL STATISTICS

Place of Birth: City Caldwell; Street 20th and Fillmore; County Canyon

File Number 103750

Registration Dist. No.

Sex of Child Male

Date of Birth July 15 1922

Father Vivian C. Gilbert
Full Name

Mother Florence M. Crawf
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Vivian Crawford Gilbert.
Child's Name in Full

Mrs. Vivian C. Gilbert.
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage & legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No

Registration District No. 3

Primary Registration District No. 2005

File No. 103751

Registered No. 142

FULL NAME OF CHILD Walter Robert Hadley

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) July (Day) 18 (Year) 1922
Male		yes	

What bacterioidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2nd

FATHER	MOTHER
FULL NAME Walter A Hadley	FULL MAIDEN NAME May Edeen Rudisill
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE South Dakota	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) C. M. Kaley M.D.
Physician
(Physician or midwife)

Address Caldwell Idaho.

Filed July 19 1922 John V. Mayer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 103751

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Walter A. Hadley, Jr. (Name on Original Certificate) who was born (Was Born or Died) on July 18, 1922 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on Sept 22nd 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Walter A. Hadley, Jr.	Walter Robert Hadley,

Subscribed and sworn to before me this 22
day of September, 1942

Notary Public, residing at Star, Ida

My commission expires 7-17-44
(Seal)

Signed Mary E. Hadley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Star Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 nd
day of September, 1942

Notary Public, residing at Star, Ida

My commission expires 7-17-44
(Seal)

Signed Mrs. A.M. Huit
(Signature of Any Credible Person Other Than Previous Year)

Star, Idaho
(Street Address, City, State)

SEP 22 1942

NOV 27 1942

791-120-014-699

PLACE OF BIRTH

RECEIVED AUG 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Route 2 St.

Hospital

Registration District No. 3 File No. 103752

Primary Registration District No. 2005 Registered No. 143

FULL NAME OF CHILD ~~Lauren~~ Lauren Dale Graves
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1		1	Yes	July 20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John Graves	FULL MAIDEN NAME	Georgia Winifred Wire
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Norborne, Missouri	BIRTHPLACE	Sedgewick, Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Young, M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Caldwell.

Filed Aug 2 1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

458-121-014-292

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 1 1922

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. 315 Cleveland St.
Registration District No. 3
File No. 103753
Hospital
Primary Registration District No. 1005
Registered No. 144

FULL NAME OF CHILD Bruce Arthur Meyer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	1	Ye	July 21 1922

What bacterieidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Floyd Meyer	FULL MAIDEN NAME	Lula Ann Beswell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Powhatan, Kansas	BIRTHPLACE	Bogart, Missouri
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 3 10 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Young, M.D.
(Physician or midwife)
Address Caldwell. Idaho.

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Filed July 21-1922 John V. Meyers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 16 1970

238-127-014-847

Form V. S. No. 11—25m-1-1-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 192
BUREAU

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 103754

No. _____ St.

Primary Registration District No. 1005 Registered No. 145

Hospital _____

FULL NAME OF CHILD James Hooper Schoonover

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 27 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde Schoonover	FULL MAIDEN NAME	Doris Hughes
RESIDENCE	Caldwell 25	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Colo.
OCCUPATION	Warehouse Man	OCCUPATION	HW.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 am (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) T. S. Farrer

(Physician or midwife)

Address Caldwell Ida

Filed Aug. 9 1922 John S. Meyers Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

255-128-014-313

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. ..... St.
Hospital

Registration District No. 3 — File No. 103755
Primary Registration District No. 1004 — Registered No. 146

FULL NAME OF CHILD William Hoyt Kennedy
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 28 — 1922

What bacterieidal solution was used in eyes? 1% Sol. Silver Nitrate

Number of child of this mother, including present birth 3 — Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. F. Kennedy	FULL MAIDEN NAME	Beulah LaTeague
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Illinois
OCCUPATION	Laundryman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. F. M. Cole
Physician
(Physician or midwife)

Address Caldwell

Filed July 28 1922 John V. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1971

NOV 18 1942

312-22-016857

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

REC
AUG 1
BUREAU

CERTIFICATE OF BIRTH

103756

County of Canyon
City of Huston
No. ..... St.
Hospital

Registration District No. 3
Primary Registration District No. 2005
File No.
Registered No. 147

FULL NAME OF CHILD Dorothy Faye Taber
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1st	Yes	July 30 1922

What bacteriocidal solution was used in eyes? 1% Sol. Silver Nitrate

Number of child of this mother, including present birth 4th Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME A. Russell Taber	FULL MAIDEN NAME Stella M. Head
RESIDENCE Huston Idaho	RESIDENCE Huston Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Iowa	BIRTHPLACE California
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dr S. B. Dudley
Physician
(Physician or midwife)

Address Caldwell Idaho

Filed Aug. 1st 1922 John C. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 103756
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Unnamed Tabor (Name on original certificate) who born (Was born or died) on Jul-30, 1922 (Date of event) in Huston, Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on 1-30-42 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted Tabor	Dorothy Faye Taber

Subscribed and sworn to before me this 30 day of January, 1942

Chas Gehmeier
Notary Public, residing at Middleton Ida.
My commission expires May-1943.
[SEAL]

Signed Albert Russell Taber
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Middleton Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of January, 1942

Chas Gehmeier
Notary Public, residing at Middleton Ida
My commission expires May 1943
[SEAL]

Signed E F Pollet
(Signature of any credible person other than the previous affiant.)

Middleton Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

APR 20 1944

312-230-014-857

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Huston
No. ____ St.
Hospital

Registration District No. 9
Primary Registration District No. 2005

File No. 103757
Registered No. 148

FULL NAME OF CHILD DORIS MAYE TABER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month, Day, Year)
Female		2nd	Yes	July 30 1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 5th Number of child of this mother now living, including present birth 5th

FATHER	MOTHER
FULL NAME A. Russell Taber	FULL MAIDEN NAME Stella M. Head
RESIDENCE Huston Idaho	RESIDENCE Huston Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Iowa	BIRTHPLACE California
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. S. B. Dudley
Physician
(Physician or midwife)

Address Caldwell Idaho

Filed Aug. 1st 1922 John S. Meyers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 103757
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Unnamed Tabor (Name on original certificate) who born (Was born or died) on Jul. 30, 1922 (Date of event) in Huston, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	Omitted Tabor	Doris Mae Taber
		mayle

Subscribed and sworn to before me this 30 day of January, 1942

Chas Brohauser
Notary Public, residing at Middleton Ida.

My commission expires May 1943.

[SEAL]

Signed Albert Russell Taber
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Middleton Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of January, 1942

Chas Brohauser
Notary Public, residing at Middleton Ida.

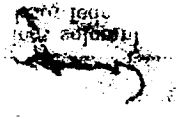
My commission expires May 1943.

[SEAL]

Signed E. F. Pollet
(Signature of any credible person other than the previous affiant.)

Middleton Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)



APR 1 0 1944

373-13-21K-345

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103758

RECEIVED AUG 3

County of Canyon
City of Caldwell
No. ____ St.
Hospital ____
Registration District No. 3
Primary Registration District No. 2005
File No. ____
Registered No. 149

FULL NAME OF CHILD Joseph C. Teller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S	1	Yes	July 31 1922

What bacterieidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Pluribus Teller	FULL MAIDEN NAME	Tacie Lundy
RESIDENCE	Caldwell	RESIDENCE	Caldwell Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Bloomfield Mo	BIRTHPLACE	Carthage Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:45 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lee M.D.
(Physician or midwife)
Address Caldwell Ida

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed Aug. 5—1922 John A. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-131-014579

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 1518 Everett St.

Registration District No. 3 File No. 103759

Primary Registration District No. 2005 Registered No. 150

Hospital no

FULL NAME OF CHILD Ralph James Thomas

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			1	Yes	July 31 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lonnie W. Thomas	Ina R. Garner
RESIDENCE	Caldwell Idaho	Caldwell, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30.	23.
BIRTHPLACE	Kansas.	Idaho.
OCCUPATION	Farming.	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive., at 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John V. Meyer, M.D.
(Physician or Midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed July 31 1922 John V. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-130-614-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Huston
No. ____ St.
Hospital ____

Registration District No. 9 — File No. 103760
Primary Registration District No. 2005 — Registered No. 151

FULL NAME OF CHILD Elmer Wendell Collins
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 30, 1922

What bacteriecidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 3rd — Number of child of this mother now living, including present birth 3rd

FATHER	MOTHER
FULL NAME: Roy E. Collins	FULL MAIDEN NAME: Nellie Gray
RESIDENCE: Huston Idaho	RESIDENCE: Huston Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Registrar.

(Signature) Dr S. B. Dudley
Physician
(Physician or midwife)
Address Caldwell Idaho

Filed Aug 1st 1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED DEC 30 1922 BUREAU OF VITAL STATISTICS BOISE, IDAHO

Boise, Idaho, Dec 9 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Nuston Ida.

Place of Birth — Street:

Place of Birth — County: Canyon

File Number: 103760

Registration Dist. No.:

Sex of Child: Male

Date of Birth: July 30 1922.

Father: Roy G Collins (Full Name)

Mother: Nellie G Collins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Oliver Wendell Collins (Child's Name in Full)

Nellie G Collins (Signature of Father or Mother)

1/8/41
6/23/41

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

454-10[redacted]

PLACE [redacted] LFARE

County of [redacted] CS

City of [redacted] TH

No. [redacted] St. [redacted] File No. 103761

Hospital _____ Primary Registration District No. 2005 Registered No. 152

FULL NAME OF CHILD Robert William Underkoffer

(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth	Legitimate?	Date of birth
Male	1st (To be answered only in event of plural births)	yes	Aug-1-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1st

FATHER		MOTHER	
FULL NAME	Geo. Floyd Underkoffer	FULL MAIDEN NAME	Esther H. Jacobson
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	North Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8.45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley M.D.

Physician

(Physician or midwife)

Address Caldwell Idaho

Filed Aug. 3 1922 John S. Meyer

Registrar.

Give names added from a supplemental report.

....., 19....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

454-20-016-113

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS—

CERTIFICATE OF BIRTH

103762

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

County of Canyon
City of Caldwell
No. ____ St. ____
Hospital ____

Registration District No. 3
Primary Registration District No. 2005
File No. ____
Registered No. 153

FULL NAME OF CHILD Dorthy Willora Underkofler UNDERKOFLER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2nd	yes	Aug 1 1922

What bacterieidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2nd

FATHER	MOTHER
FULL NAME Geo Floyd ~~Underkofler~~ UNDERKOFLER	FULL MAIDEN NAME Esther H Jacobson
RESIDENCE Caldwell Idaho	RESIDENCE Caldwell Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Iowa	BIRTHPLACE North Dakota
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) S. B. Dudley M. D.
Physician
(Physician or midwife)
Address Caldwell Idaho

Filed Aug 3 1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 10376 2

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sur Name	Underkoffler	Underkoffler

Subscribed and sworn to before me this 6th day of June, 1943

Notary Public, residing at Boise

My commission expires 7/14/47
(Seal)

Signed Esther V. Underkoffler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

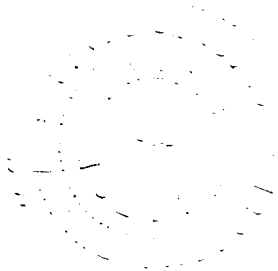
Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)



JUN 8 1943

794-102 : 1K-9X3

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

RECEIVED

Registration District No. 3 File No. 103763

Primary Registration District No. 1005 Registered No. 154

FULL NAME OF CHILD Gale Edward Prince
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug (Day) 2 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	Estelle Frank Prince	FULL MAIDEN NAME	Pansy Ellen Rutledge
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley M.D.
Physician
(Physician or midwife)

Address Caldwell, Idaho

Filed Aug. 3 1922 John P. Meyer
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

מכון אלי

PLACE OF BIRTH

693-202-014-365

County of Canyon

City of Notus

No. ____ St.

Hospital ____

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 103764

Primary Registration District No. 2005 Registered No. 155

FULL NAME OF CHILD Mary Ellen Josephine Wilkerson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Aug. 2 1922

What bacterieidal solution was used in eyes? 1% Sol. Silver Nitrate

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1st

FATHER		MOTHER	
FULL NAME	Grant Wilkerson	FULL MAIDEN NAME	Grace Long
RESIDENCE	Notus Idaho	RESIDENCE	Notus Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) S. B. Dudley M. D.

Physician
(Physician or midwife)

Address Caldwell Idaho

Filed Aug. 3. 1922 John W. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3 . 1943

RAI REASONS WHY A CERTIFICATE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
JUL 11 1922
BUREAU OF VITAL STATISTICS

Place of Birth — City: Caldwell

Street: Caldwell Sanitarium

County: Canyon

File Number: 103764

Registration Dist. No.: Motus

Sex of Child: Female

Date of Birth: August 2 1922

Father: Grant Wilkerson
Full Name

Mother: Grace Henerittia
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Mary Ellen Josephine
Child's Name in Full

Mrs G. D. Wilkerson
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

816-2 03-014-967

PLACE OF BIRTH

RECEIVED AUG 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3 File No. 103765

Hospital ..... Primary Registration District No. 2005 Registered No. 166

FULL NAME OF CHILD Martha Eleanor Haworth
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Aug 3 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2nd

FATHER		MOTHER	
FULL NAME	R. L. Haworth	FULL MAIDEN NAME	Ada E. Rogers
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 45 P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole M.D.
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

..... Registrar.

Address Caldwell Idaho

Filed Aug. 5 1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 103765

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None given	Martha Eleanor Haworth

Subscribed and sworn to before me this 5 day of Feb, 1944

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47

(Seal)

Signed Ada E. Haworth

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person Other Than Previous Year)

.....

(Street Address, City, State)

FEB 5 19[illegible]

693-104-01K-8L3

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103766

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3

File No. .....

Hospital .....

Primary Registration District No. 2005

Registered No. 157

FULL NAME OF CHILD Lewis Harold Williams

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Aug 4 1922

What bactericidal solution was used in eyes? 1% Sol. Silver Nitrate

Number of child of this mother, including present birth 8th

Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: Floyd W. Williams	FULL MAIDEN NAME: Bernice M. Hatfield
RESIDENCE: Caldwell Idaho	RESIDENCE: Caldwell Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Oregon
OCCUPATION: Farmer	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) C. M. Kaley M. D

Physician

(Physician or midwife)

Address Caldwell Idaho

Filed Aug. 4 1922 John L. Meyer

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ar Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

923
F VITAL
STICS

Place of Birth
City Wilder (Country)
Street
County Canyon

File Number 103766

Registration Dist. No.

Date of Birth August 4 1922

Sex of Child Male

Father Floyd Wendell Williams Sr. Mother Bernice Macy Hatfield
Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Lewis Harold Williams
Child's Name in Full

Bernice M. Williams
Signature of Father or Mother

had been misfaid until [illegible]

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

385-226-014-613

PLACE OF BIRTH

RECEIVED AUG 1 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103767

County of Canyon

City of Huston

No. R. # 2 St.

Registration District No. 3 File No.

Hospital Primary Registration District No. 2005 Registered No. 158

FULL NAME OF CHILD (Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8/6 2 192

What bacteriecidal solution was used in eyes?

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Burris M. Lynch	FULL MAIDEN NAME: Catherine Cora Walsh
RESIDENCE: Huston, Idaho, R. # 2	RESIDENCE: Huston, Idaho R. # 2
COLOR	COLOR
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Teacher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Died a few hours later

I hereby certify that I attended the birth of this child, who was Premature, at 9/45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug. 8 - 1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-207-01 K-513

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Greenleaf

Registration District No. 3 File No. 103768

No. ..... St.

Hospital Home

Primary Registration District No. 2005 Registered No. 159

FULL NAME OF CHILD Lillian Mercides Pressnall

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 7 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Wilber Presnall	FULL MAIDEN NAME	Myrtle Eaton
RESIDENCE	Greenleaf	RESIDENCE	Greenleaf
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Central City Neb.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1% 99 No 3 used

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wilder Ida

Registrar

Filed Aug. 9 - 1922 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 13 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP - 9 1922

Boise, Idaho,.....192...

Dear Ma'am:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Greenleaf

Place of Birth — Street: .....

Place of Birth — County: Canyon

File Number: 103768

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Aug. 7 192 2

Father: Jessie Wilber Pressnall (Full Name)

Mother: Myrtle Mae Eaton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lillian Mercides Pressnall
Child's Name in Full

J. Wilber Pressnall
Signature of Father or Mother

JUN 26 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

265-219-014-367

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 103769

No. ..... St.

Primary Registration District No. 1007

Registered No. 61

Hospital .....

FULL NAME OF CHILD Boehringer Eileen Louise

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. G. Boehringer	FULL MAIDEN NAME	Ada B. Cook
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Neb
OCCUPATION	Mgr. Garage	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12-30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Waldorf, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

[redacted] Registrar

Address .....

Filed 8-1 1922 Lulu Waldrop Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SONS WHY A CERTIFICATE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Parma

Street: .....

County: .....

File Number: 103769

Registration Dist. No.: .....

Sex of Child: Female

Date of Birth: July 19 1922

Father: Charles Gustave Boehringer (Full Name)

Mother: Ada Bell Cook (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eileen Louise Boehringer (Child's Name in Full)

Mrs C. G. Boehringer (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

763-217-014-269

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Registration District No. 3

File No. 103770

Primary Registration District No. 2007 Registered No. 50

FULL NAME OF CHILD Blanchie May Pollard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 17 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Wm H. Pollard	FULL MAIDEN NAME	Irene Swigert
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9-30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Mellard, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 8-1 1922 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...ARTMENT OF PUBLIC WELFARE

SEP - 9 1922

Boise, Idaho,

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Parma

Street:

County: Canyon

File Number: 103770

Registration Dist. No.: 46

Sex of Child: Female

Date of Birth: July 17 1922

Father: William Harr Pallard (Full Name)

Mother: Vera Irene Smigert (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Blanchie May Pallard (Child's Name in Full)

W H Pallard (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

863.216.014-819

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 103771

No. ..... St.

Hospital Home

Primary Registration District No. 2007 Registered No. 52

FULL NAME OF CHILD Betty Lou Holton

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 16 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Jay G. Holton	FULL MAIDEN NAME	Ivie Harland
RESIDENCE	Wilder	RESIDENCE	Wilder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Moline Kans.	BIRTHPLACE	Norman Kansas
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed 9/1 1922 Lulu Naldrop Registrar

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP - 9 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEI
MAY
BUR

Place of Birth
City ....Wilder....
Street .....
County ....Canyon....

File Number ....103771....

Registration Dist. No. .....

Date of Birth ..Aug 16.....1922..

Sex of Child.....Female.....

Father ....Jay Gould Holton....
Full Name

Mother ....Ivie L. Harland....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

....Betty Lou Holton....
Child's Name in Full

....Mrs. I. G. Holton....
Signature of Father or Mother

APR 8 1947

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-219-04-219

PLACE OF BIRTH

RECEIVED SEP 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH 103772

County of Canyon

City of Parma R.D.

Registration District No. 1 File No.

No. St.

Primary Registration District No. 2007 Registered No. 53

Hospital

Full Name of Child Sylvia Colleen Marley

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	Aug 10 1922

FATHER

FULL NAME Elbert Ray Marley

RESIDENCE Parma R.D. 1

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Tenn

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Florence Barnum

RESIDENCE Parma R.D.

COLOR White AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 1 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Mitchell

(Physician or midwife)

Address Parma Ida

Filed 8-16 1922

Registrar

Given names added from a supplemental report.

19

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

OCT 25 19[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-213-014219

PLACE OF BIRTH

RECEIVED SEP 8 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103773

County of Canyon

City of Parma

No. _____ St.

Hospital _____

Registration District No. 3

Primary Registration District No. 1007

File No. _____

Registered No. 57

Full Name of Child Mary Louise Burgher

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Aug 13 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Burgher	FULL MAIDEN NAME	Dorthy Sareau
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 6 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Mitchell

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Parma

Filed 8-16 1922

Registrar

JAN 11 1954

893-209-01K-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

RECEIVED SEP 8 1922 BUREAU OF VITAL STATISTICS

Registration District No. 3

Primary Registration District No. 1907

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 103774

Registered No. 5-52

Full Name of Child Agnes Marie Hill

SEX OF CHILD: Female | Twin, Triplet or other? (To be answered only in event of plural births): ..... and ..... | Number in order of birth: ..... | Legitimate? Yes | DATE OF BIRTH: Aug 9-22 (Month) (Day) (Year)

FATHER

FULL NAME: Arthur Hill

RESIDENCE: Parma

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Kans.

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Hettie Anderson

RESIDENCE: Parma.

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 11 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Mutchler

(Physician or midwife)

Address Parma Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 8-16 1922

Registrar

716-1-41

813-106-01[redacted]

PLACE OF BIRTH

SEP 8 1922

BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell Precinct

Registration District No. 1

File No. 103775

No. _____ St.

Primary Registration District No. 2007

Registered No. 6 6

Hospital _____

Full Name of Child ~~Oral~~ Vern Hall

SEX OF CHILD male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Aug 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Percy Hall	FULL MAIDEN NAME	Lucinda Crisp
RESIDENCE	Parma R, 3	RESIDENCE	Parma R. 3.
COLOR	W,	COLOR	W,
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Texas	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address [redacted]

Filed 9/[redacted] Lulu Waldrop

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-128'01 [redacted]

Form V. S. No. 11-C—25m-7-21-19

PLACE O[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED SEP 8 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 103776

No. ..... St.

Primary Registration District No. 2007 Registered No. 57

Hospital Home

FULL NAME OF CHILD Melvin Carruth Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas F. Johnson	FULL MAIDEN NAME	Valeria Dumas
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Riverton Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

1% ag vo 3 wed

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 17 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wilder Ida

Registrar

Filed [redacted] 11 1922 [redacted]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1954

514-218-014-558

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
SEP 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 103777

No. ..... St.

Hospital Home

Primary Registration District No. 2007 Registered No. 59

FULL NAME OF CHILD June Roberta Nau

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	R. T. Nau	FULL MAIDEN NAME	Alma Neher
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Muscatine Iowa	BIRTHPLACE	Nampa
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

1% Eg no 3 used

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed 9/1 1922 Lulu Naldrop
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1953

855-120-014219

RECEIVED
JUL 3 1922
BUREAU OF VITAL
STATISTICS

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 103778

No. ....., ... St.

Primary Registration District No. 1007

Registered No. 58

Hospital .....

FULL NAME OF CHILD Albert Junior Henderson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	July (Month) 20th (Day), 1922 (Year)

FATHER		MOTHER	
FULL NAME	Albert Jay Henderson	FULL MAIDEN NAME	Emily Louella Baragar
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Hazen N. Dak.	BIRTHPLACE	Olga N. Dak.
OCCUPATION	Baker	OCCUPATION	House wife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max W Lattig

Physician D.O. (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Parma Idaho

Filed 9/7 1922 Lulu Waldrop Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

692-20-01X-624

Amended child's & Father's last names, 05-06-02, RDE

PLACE OF BIRTH

Form V. S. No. 11—25m-6

RECEIVED

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

10377

County of Canyon

City of East Roswell Rt.

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2007

Registered No. 60

Hospital

Full Name of Child Mary Jane Wisbey Wisbey

SEX OF CHILD fem	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH July 3 1922 (Month) (Day) (Year)

FULL NAME FATHER Scott H. Wisbey Wisbey	FULL MAIDEN NAME MOTHER Gladys Harley
RESIDENCE Roswell Precinct	RESIDENCE Roswell Precinct
COLOR W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE N. Dakota	BIRTHPLACE Minn.
OCCUPATION farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Parma

Filed 9/ 1922 Lulu Waldrop Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 2 2 1942

MAR 2 8 2002 PAID

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS.
County of _____ }

Certificate No. 1922-103779
Date Filed Sept 8, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Mary Jane Wisbag (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 3, 1922 (Date of Event)

in East Roswell Idaho (Canyon county) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's last name	Wisbag	Wisbey
father's last name	Wisbag	Wisbey

Subscribed and sworn to before me this 5th day of April, 2002.

Notary Public, Teri L Carroll

Residing at Vancouver Washington

My commission expires July 21, 2003
(Seal)

Susan J. Morton
[redacted]
1270 [illegible] 74th St
Street Address, City, State
Vanc. Wa. 98682

SUPPORTING AFFIDAVIT OF A SECOND PERSON

MAY 0 6 2002

State of Washington } SS.
County of Clark }

(Must be completed ____)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Two report cards dated 1955 & 9157 signed Mary Jane Wisbey

One report card dated 1960, signed Mrs. S. H. Wisbey

One birth Certificate dated June 1, 1949, states Mary Jane Wisbey

319-229-014-265

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma RD

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2107

File No. 103780

Registered No. 61

Full Name of Child ~~XXXXXXXXXXXX~~ DOROTHY June Carlton

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH June 29 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Albert G. Carlton	FULL MAIDEN NAME Adie Swerdfeger
RESIDENCE Parma RD	RESIDENCE Parma RD
COLOR White AGE AT LAST BIRTHDAY 39 (Years)	COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE N.D.	BIRTHPLACE Neb
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born, at 8 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Mitchell
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Parma Ida

Filed 7-16 1922 Sulu Waldrop
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Canyon } ss.

Certificate No. 103780

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Vivian June Carlton (Name on Original Certificate) who Born (Was Born or Died) on June 29, 1922 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Vivian	Dorothy June Carlton

Subscribed and sworn to before me this 2nd day of September, 1947

Notary Public, residing at Parma Idaho

My commission expires 1-20-44
(Seal)

Signed Mrs O. L. Carlton Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. #1, Parma, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of September 1947

Notary Public, residing at Parma, Idaho

My commission expires 1-20-44
(Seal)

Signed Mrs. M. Allender
(Signature of Any Credible Person Other Than Previous Year)

Rt. #3, Parma, Idaho
(Street Address, City, State)

SEP 18 1843

S64-203-014-613

RECEIVED
... 8 1922
... OF VITAL
...TISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form ... 9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Parma

No. 5 mi N.W.

Hospital

Registration District No. 3

Primary Registration District No. 2007

File No. 103781

Registered No. 62

FULL NAME OF CHILD Ida Susan Norland

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	June 23 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Axtel Norland	FULL MAIDEN NAME	Susan Wallace
RESIDENCE	Parma Ida	RESIDENCE	Parma Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Force alive (Born alive or stillborn), at 8 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Saragin

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Nyssa Ore

19

Filed 9/1 1922 Lulu Waldrop

Registrar

Registrar

K

5-14-64

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 103781

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Norland (Name on Original Certificate) who was born (Was Born or Died) on June 23, 1922 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed Norland	Ida Susan Norland

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

School registrar give name as Ida Susan k Norland born June 23, 1922
at Parma Idaho Issued by Canyon County Mary Danforth Teacher
Viewed by V. S. Dated 1935 Sept.

MAY 14 1964

Marriage license gives name as Ida Susan Norland Issued Sept. 13, 1941
County RecorderL llian Wilson

Viewed by V. S.

256-112-014-452

PLACE OF BIRTH

County of Canyon

City of Parma R.D.

No. _____ St.

Hospital _____

RECEIVED
SEP 8 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 103782

Primary Registration District No. 2007

Registered No. 63

Full Name of Child Robert DeBois Knowlton

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	May 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William G. Knowlton	FULL MAIDEN NAME	Laura DeBois
RESIDENCE	Parma R.D.	RESIDENCE	Parma RD.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Iowa	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 10 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. [illegible]

(Physician or midwife)

Given names added from a supplemental report.

Address

Registrar

Filed 9/1 1922 Lulu Walchop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington } ss. SEP 15 1941 Certificate No. 103782
County of Skagit } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Robert Dubois Knowlton (Name on original certificate) who Was born (Was born or died) on May 12, 1922 (Date of event)
in Canyon County Idaho (Place of event) are erroneous or ~~were omitted~~; and that, to the best of his knowledge, the true
facts as shown by Baby Book & Bible (Bible record, insurance policy, etc.) prepared on May 12 - 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Date of birth	May 13, 1922	May 12, 1922

Subscribed and sworn to before me this 8th
day of September, 1941
H J Evans
Notary Public, residing at Burlington
My commission expires Mar 11, 1944
[SEAL]

Signed Mrs Wm G Knowlton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Sedro Woolley Wn R2.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Washington } ss.
County of Skagit }

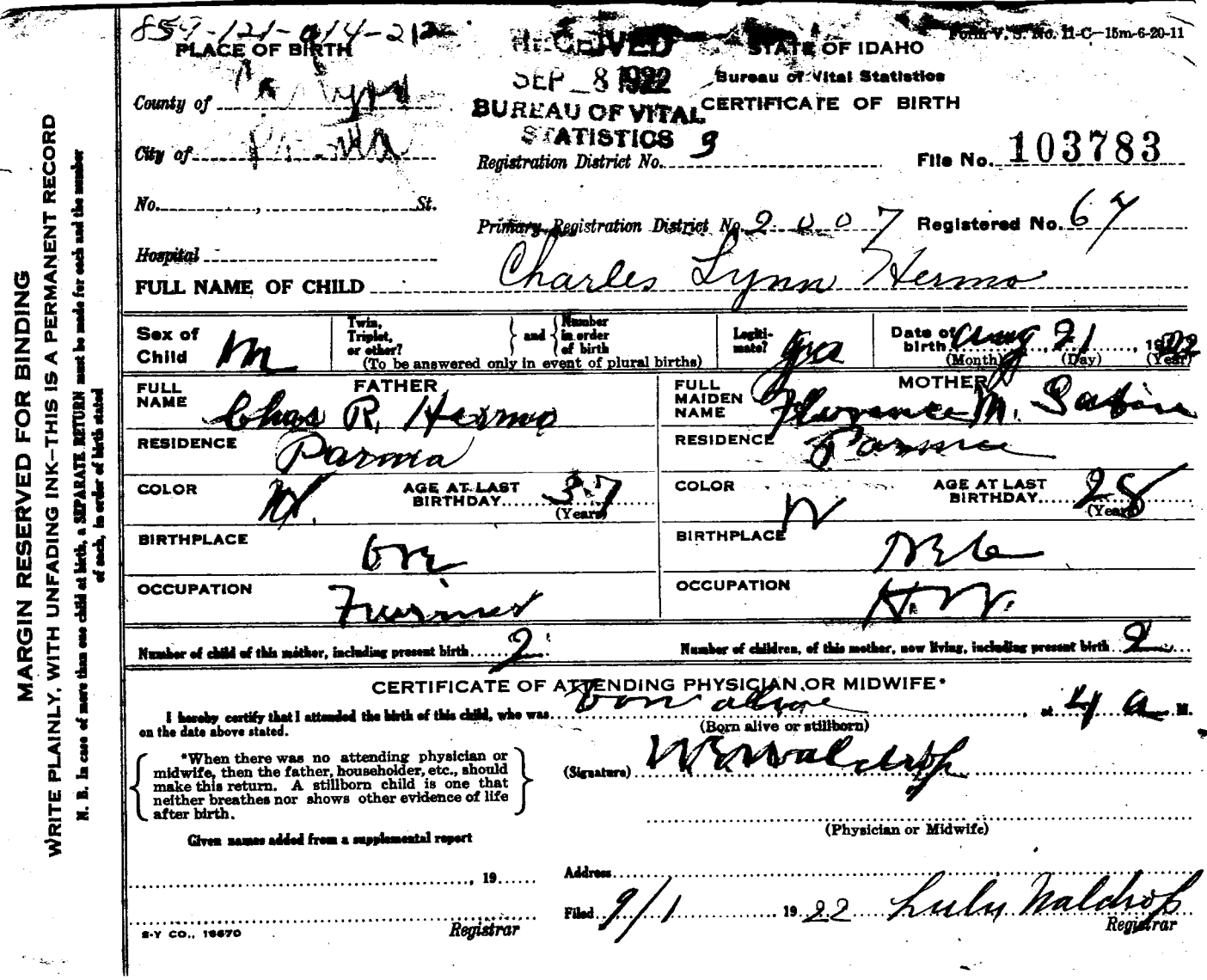
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8
day of September, 1941
H J Evans
Notary Public, residing at Burlington
My commission expires Mar 11, 1944
[SEAL]

Signed Leonora M Ferguson
(Signature of any credible person other than the previous affiant)
Mt Vernon Wash R4
(Street Address, City, State)
Box 235

Received for filing on ..... by .....
(Registrar's signature)

JUN 24 1942
JAN 25 1943



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

859-121-014-212

Form V. S. No. 11-C—15m-6-20-11

RECEIVED SEP 8 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [illegible]

City of Parma

No. ....., ... St.

Hospital .....

Registration District No. 9

File No. 103783

Primary Registration District No. 2007

Registered No. 67

FULL NAME OF CHILD Charles Lynn Hermo

Sex of Child M	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Aug 21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas R. Hermo	FULL MAIDEN NAME	Florence M. Satin
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Waldrop

(Physician or Midwife)

Given names added from a supplemental report

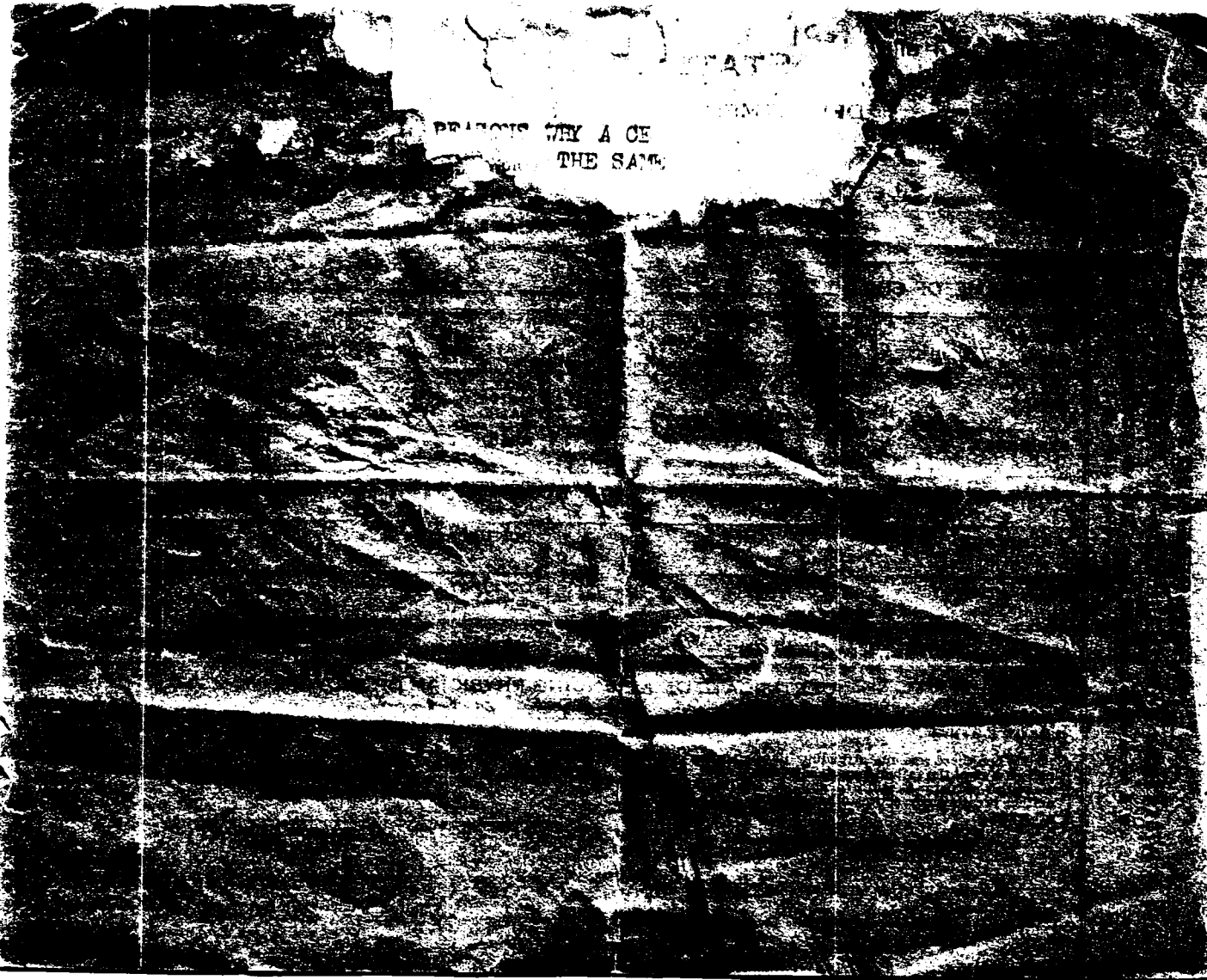
....., 19.....

Registrar

Address .....

Filed 9/1 1922 Lulu Waldrop Registrar

S-Y CO., 16670



Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Parma

File Number: 103783

Street:

Registration Dist. No.:

County: Canyon

Date of Birth: Aug. 21 1922

Sex of Child: Male

Father: Charles Richard Hemme (Full Name)

Mother: Florence Mae Sabin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charles Lynn Hemme
Child's Name in Full

Mrs. Charles Hemme
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

229-312-
015-313

PLACE OF [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

No. ✓ St. Registration District No. 82 File No. 103784

Hospital ✓ Primary Registration District No. 2159 Registered No. 37

FULL NAME OF CHILD Cleo Hazel Skinner

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/	—	yes	April 17 1924

What bactericidal solution was used in eyes? yes.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Dewey Skinner	FULL MAIDEN NAME	Pearl Calkins
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 12:50 P. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Sigert

Physician

(Physician or midwife)

Address Soda Springs

Filed Aug. 31 1924 Ellis Kaucy

Registrar.

Give names added from a supplemental report.

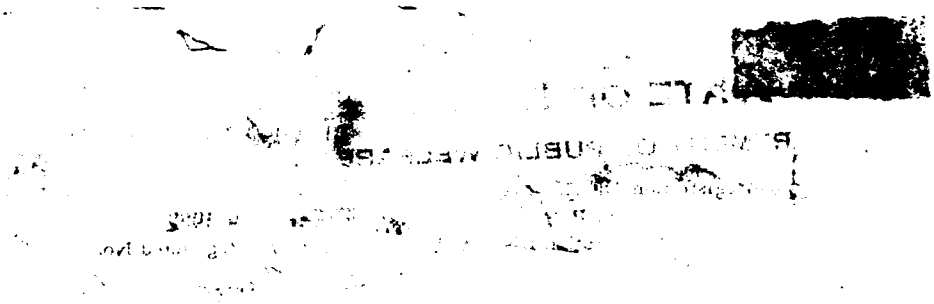
....., 19.....

Ellis Kaucy

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Soda Springs; Street; County Caribou

File Number 103784

Registration Dist. No.

Date of Birth April 12 1922

Sex of Child Female

Father Mr. Dewey Skinner (Full Name)

Mother Miss Pearl Calkins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Cleo Hazel Skinner
Child's Name in Full

Mr. & Mrs. Dewey Skinner
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

743-219-015-412

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Caribou

City of Soda Springs

CERTIFICATE OF BIRTH 103785

No. ✓ St. Registration District No. 82 File No.

Hospital ✓ Primary Registration District No. 2159 Registered No. 38

FULL NAME OF CHILD Margaret Marion Gull
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓		✓	Yes	April 19, 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chas O. Gull	FULL MAIDEN NAME	Alice Mason
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs Idaho

Filed Aug 31 1922 Ellis Kacy
Registrar.

Give names added from a supplemental report.

....., 19....

Ellis Kacy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1943

219-225 016 389 AMENDED FEBRUARY 23, 1955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of Soda Springs

No. ____ St.

Registration District No. 82 File No. 103786

Hospital ____ Primary Registration District No. 2159 Registered No. 39

FULL NAME OF CHILD ELIZABETH LOU BARNARD
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 25, 1922

What bacterieidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Burdick L. Barnard	FULL MAIDEN NAME: Lula Mae Thirkhill
RESIDENCE: Soda Springs	RESIDENCE: Soda Springs
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 19 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Wyoming
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) RUSSELL TIGERT

(Physician or ~~midwife~~)

Address Soda Springs, Idaho

Filed Aug. 31, 1922 Ellis Kackley Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

School record, Joint Class "A" School Dist. No. 150 shows date of birth as April 25, 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Caribou } ss.

Certificate No. 103786

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Elizabeth Lou Barnard (Name on Original Certificate) who was born (Was Born or Died) on April 24, 1922 (Date of Event) in Soda Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record & Ins. Policy (Bible Record, Insurance Policy, Etc.) prepared on Apr. 25, 1922 -Ins. May 12, 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	April 24	April 25

Subscribed and sworn to before me this 1st day of February, 1955

Carlin Chester [illegible] District Court

Notary Public, residing at Soda Springs Idaho

My commission expires

(Seal)

Signed Lula Mae Thurkell Barnard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Soda Springs, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Caribou } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 1st day of February, 1955

Carlin Chester [illegible] District Court

Notary Public, residing at Soda Springs Idaho

My commission expires

(Seal)

Signed Susie Small
(Signature of Any Credible Person)

Soda Springs, Idaho
(Street Address, City, State)

DPH 52-155

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

229-226-015-354

PLACE OF BIRTH

County of Caribou

City of Soda Springs

No. ✓ St.

Hospital ✓

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 82 File No. 103787

Primary Registration District No. 2159 Registered No. 40

FULL NAME OF CHILD Dorothea Georgia Skinner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	✓		✓	yes	April 26 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Archibald Skinner	FULL MAIDEN NAME	Ethel M. Chugg
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Soda Springs
(Physician or ~~midwife~~)

Give names added from a supplemental report.

Address

, 19

Eric Kaney
Registrar.

Filed Aug. 31 1922 Eric Kaney
Registrar.

Boise, Idaho, ... 192...

Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importo have the full name included in the record. Kindly fill in the information requested in the blank below eturn this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

City Soda Springs

Street .....

County Caribou

File Number 103787

Registration Dist. No. 6

Date of Birth April 26 192.2.

f Child Female

er Archibald Skinner
Full Name

Mother Ethel Mae Gudmundsen
Full Maiden Name

REBY CERTIFY that the child described herein has been named:

Dorotha Georgie Skinner
Child's Name in Full

Archibald Skinner
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOU
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NA

- - - - - - - - - - -

Birth registration is part of every child's birthri

It establishes legally the date of the child's birth
and legitimacy.

It enables the Public Health Nurse to make sure th
been protected from danger of blindness and other infectio

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - -

1. The correct age for purposes of school attendanc
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service me
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PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHI

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Place
of
Birth

Sex o

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815-127-015-212

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103788

County of Caribou
City of Soda Springs
No. — St.
Registration District No. 12 File No.
Hospital — Primary Registration District No. 2159 Registered No. 41

FULL NAME OF CHILD Delmer J. Bassett Hannis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	April 27 1927

What bactericidal solution was used in eyes? yes.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Hannis, Jr.	FULL MAIDEN NAME	Emma Agnes Bassett
RESIDENCE	Conda	RESIDENCE	Conda
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Soda Springs
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....
Ellis Kuney
Registrar.

Filed Sept. 8 1927 Ellis Kuney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

415-107-015-867

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of

No. ✓ St.

Hospital

Registration District No. 82 File No. 103789

Primary Registration District No. 2154 Registered No. 42

FULL NAME OF CHILD Nolan Jay Davis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓		✓	yes	May 7, 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Albert C. Davis	FULL MAIDEN NAME	Laura Hopkins
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Idaho	BIRTHPLACE	Penna
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs Idaho

Filed Aug. 31 1922 Eric Kooe
Registrar.

Give names added from a supplemental report.

, 19

Eric Kooe
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
SEP 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELF

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Davisville

Street: .....

County: Caribou

File Number: 103789

Registration Dist. No.: Davisville

Sex of Child: Male

Date of Birth: May 7 192..

Father: Albert Clark Davis (Full Name)

Mother: Laura Melissa Hy... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Nolan Kay Davis
Child's Name in Full

A. C. Davis
Signature of Father or Mother

1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com- to furnish certified copies of certificates of birth, it is im- t that the certificates be filed with the BUREAU OF VITAL STATIS- nd the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

769-221-015-719

PLACE OF BIRTH

RECEIVED SEP 21 [illegible] BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of Soda Springs

No. — St.

Registration District No. 82 File No. 103790

Hospital —

Primary Registration District No. 2159 Registered No. 43

FULL NAME OF CHILD Leah M Gorton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	yes	May 21, 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Geo. M. Gorton	FULL MAIDEN NAME	Myrtle Gardner
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Soda Springs
(Physician or midwife)

~~Address~~ Physician

Give names added from a supplemental report.

....., 19....

Ellis Kurey
Registrar.

Filed Aug 31 1922 Ellis Kurey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819 12 015 555

PLACE OF BIRTH

RECD SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of Soda Springs

No. — St.

Registration District No. 82 File No. 103791

Hospital —

Primary Registration District No. 2159 Registered No. 44

FULL NAME OF CHILD Samuel Nils Hart

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 1 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Carlson R. Hart	FULL MAIDEN NAME	Ervine Svensen
RESIDENCE	Raymond, Idaho	RESIDENCE	Raymond, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	~~Utah~~ N. Mex.
OCCUPATION	Stockraiser	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:45 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert

Physician

(Physician or midwife)

Address Soda Springs

Give names added from a supplemental report.

....., 19.....

Ervin Kaney

Registrar.

Filed May 31 1922 Ervin Kaney

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WORKS OF BUREAU

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Soda Springs

Street: .....

County: .....

File Number: 103791

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: June 1 1922

Father: Celdon Raymond Hart (Full Name)

Mother: Ervine Kristine Evenson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Samuel Nils Hart
Child's Name in Full

Mrs. Ervine Hart
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

415-214-815-389

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103794

County of Caribou

City of —

No. — St. — District No. 82 File No.

Hospital — Primary Registration District No. 2159 Registered No. 47

FULL NAME OF CHILD Nola May Davis

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	Jan. 14 1922

What bacteriocidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	J. Glenn Davis	FULL MAIDEN NAME	Minnie Christensen
RESIDENCE	Soda Springs, Idaho	RESIDENCE	Soda Springs Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Alexander Idaho	BIRTHPLACE	Logan, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ransome Light Physician

(Physician or midwife)

Address Soda Springs, Idaho

Give names added from a supplemental report.

....., 19.....

Ellis Kacy
Registrar.

Filed Aug 31 1922 Ellis Kacy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTM[illegible] IC WELFARE

Boise, Idaho, SEP 9 1922 192[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

SEP 20 1922 BUREAU OF VITAL STATISTICS

Place of Birth — City: Soda Springs,

Street:

County: Caribou

File Number: 103794

Registration Dist. No.:

Date of Birth: January 14 1922

Sex of Child: Female

Father: Jos. Glen Davis (Full Name)

Mother: Wilhelmina Christian (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Nola May Davis (Child's Name in Full)

Wilhelmina Davis (Signature of Father or Mother)

MAR 1944

APR 22 1948

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
'ILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

284-1071-015-397

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of ✓

No. ✓ St.

Hospital ✓

Registration District No. 82 File No. 103795

Primary Registration District No. 2154 Registered No. 48

FULL NAME OF CHILD George W. Shuler, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓		✓	yes	Jan. 7 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	George Shuler	FULL MAIDEN NAME	Iva Tipton
RESIDENCE	Soda Springs Ida	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	N. C.	BIRTHPLACE	Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs, Idaho

Give names added from a supplemental report.

Ellis Kurtz 19..
Registrar.

Filed Aug 31 1922 Ellis Kurtz
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7 9 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 15 1 17 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 103795

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Shuler who was born on Jan. 7, 1922 in Caribou County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by prepared on , are:

(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	George W. Shuler, Jr.

Subscribed and sworn to before me this 12th day of July, 1974

Notary Public, residing at Soda Springs Id

My commission expires 12/20/74

(Seal)

Signed Lena B. Ellis (neighbor)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

320 2 3rd E Soda Springs Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

Own childs birth certificate Annette Shuler born May 30, 1954 at Soda Springs, Idaho State file # 54-5935, gives fathers name as George W. Shuler, Jr.
Viewed by VS

JUL 16 1974

Army Qualification)Separation) gives name as George W. Shuler. born Jan. 7, 1922. date of separation July 10, 1945. viewed by V. S.

551-203-015-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 11 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103796

County of Caribou

City of —

No. — St.

Registration District No. 82 File No.

Hospital — Primary Registration District No. 2159 Registered No. 20

FULL NAME OF CHILD Blanch Deaton

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Jan. 3, 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Albert B. Deaton	FULL MAIDEN NAME	Lillie Ballard
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	N. C.	BIRTHPLACE	N. C.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Eva Kaney
Registrar.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs, Ida

Filed Aug 31 1922 Eva Kaney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 6 1976

310-1 [illegible] 015-759

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of Soda Spgs

No. — St.

Registration District No. 82

File No. 103798

Hospital —

Primary Registration District No. 2159

Registered No. 24

FULL NAME OF CHILD Therol Lamare Law
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	Mch 14 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Jesse Law	FULL MAIDEN NAME	Audrey Perkins
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs

Filed Aug 31 1922 Ellis Kardy
Registrar.

Give names added from a supplemental report.

....., 19....

Ellis Kardy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1967

FEB 13 2009

842-224-015-356

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

County of Caribou

City of Soda Spgs

No. —

Registration District No. 82 File No. 103799

Hospital —

Primary Registration District No. 259 Registered No. 25

FULL NAME OF CHILD Eleanor Louise Hussey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	yes	Jan 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Levi H. ~~Huggs~~ Hussey	FULL MAIDEN NAME	Opal Lewis
RESIDENCE	Soda Springs Ida	RESIDENCE	Soda Springs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	N. C.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs Ida

Filed Aug 31 1922 Elias Kasey
Registrar.

Give names added from a supplemental report.

....., 19....

Elias Kasey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY
FOR EACH CHILD AND

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Soda Springs

Street: .....

County: Caribou

File Number: 103799

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: January 24 192 2

Father: Levi H. Hussey (Full Name)

Mother: Opal D. Lewis Hus (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eleanor Louise Hussey
Child's Name in Full

Mrs. Opal Dora Hussey
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage itimacy.

It enables the Public Health Nurse to make sure the child has otected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. **Right to travel unmolested in foreign lands.**
6. **Right to vote.**
7. **Right to receive pensions and inherit property.**
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.

. Just at this time while many of the Ex-Service men are com- o furnish certified copies of certificates of birth, it is im- that the certificates be filed with the BUREAU OF VITAL STATIS- the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

755-105-015-632

PLACE OF BIRTH

Amended 4-22-77

County of Caribou

City of Soda Springs

No. ..... St.

Hospital .....

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STA[illegible]
DEPARTMENT OF [illegible]
BUREAU OF VITA[illegible]

CERTIFICATE OF [illegible]

Registration District No. 82 File No. [illegible]

Primary Registration District No. 2159 Registered No. [illegible]

FULL NAME OF CHILD William Richard Gentry
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	Feby 5 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Bird Gentry	FULL MAIDEN NAME	Doris Olsen
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

Ellis Kaney
Registrar.

Address Soda Springs

Filed Aug 31 1922 Ellis Kaney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAR 15 2 06 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Caribou

Certificate No. 103800

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Gentry (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb 5, 1922 (Date of Event) in Soda Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on March 30, 1951 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	William Richard Gentry
town of birth	omitted	Soda Springs

Subscribed and sworn to before me this 11th day of December, 1975

Dora Kremer
Notary Public, residing at Bancroft Idaho
My commission expires Oct 7, 1976
(Seal)

Signed Doris Gentry (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Star Rte - Conda Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March 1977.

Leonard O. Kingsford
Notary Public, residing at Soda Springs, Idaho.
My commission expires August 14, 1977.
(Seal)

Signed B V Gentry
(Signature of Any Credible Person)

Star Route, Conda, Idaho
(Street Address, City, State)

FORM DH 60-156 CL 11/26/75 nm

Insurance Policy issued by the National Service Life Insurance in March 30, 1951. This gives his name as William Richard Gentry, age 29 as of that date.
Viewed by V.S.

APR 21 1976

Army of the United States honorable Discharge gives name as William R. Gentry b born Feb 5, 1922 in Soda Springs, Idaho. Date of Enlistment Sept. 21, 1942. Discahrged issued Feb. 22, 1946.
Viewed by V.S.

453-119-015-256

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

County of Caribou

City of Soda Spgs

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 82 File No. 103801

Hospital ..... Primary Registration District No. 2159 Registered No. 27

FULL NAME OF CHILD John Phillips Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	Jan. 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Frank Dave Miller	FULL MAIDEN NAME	Mary Bews
RESIDENCE	Soda Springs Ida	RESIDENCE	Soda Springs, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	[illegible]	BIRTHPLACE	Calif
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... , 19....

Elis Kaye
Registrar.

Address Soda Springs Ida

Filed Aug 31 1922 Elis Kaye
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Soda Springs — Street: ..... — County: Caribou

File Number: 103801

Registration Dist. No.: 8

Date of Birth: Jan. 19, 192.2

Sex of Child: Male

Father: Frank David Miller (Full Name) Mother: Mary Jane Beers (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Phillips
Child's Name in Full

Mrs. Frank D. Miller
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

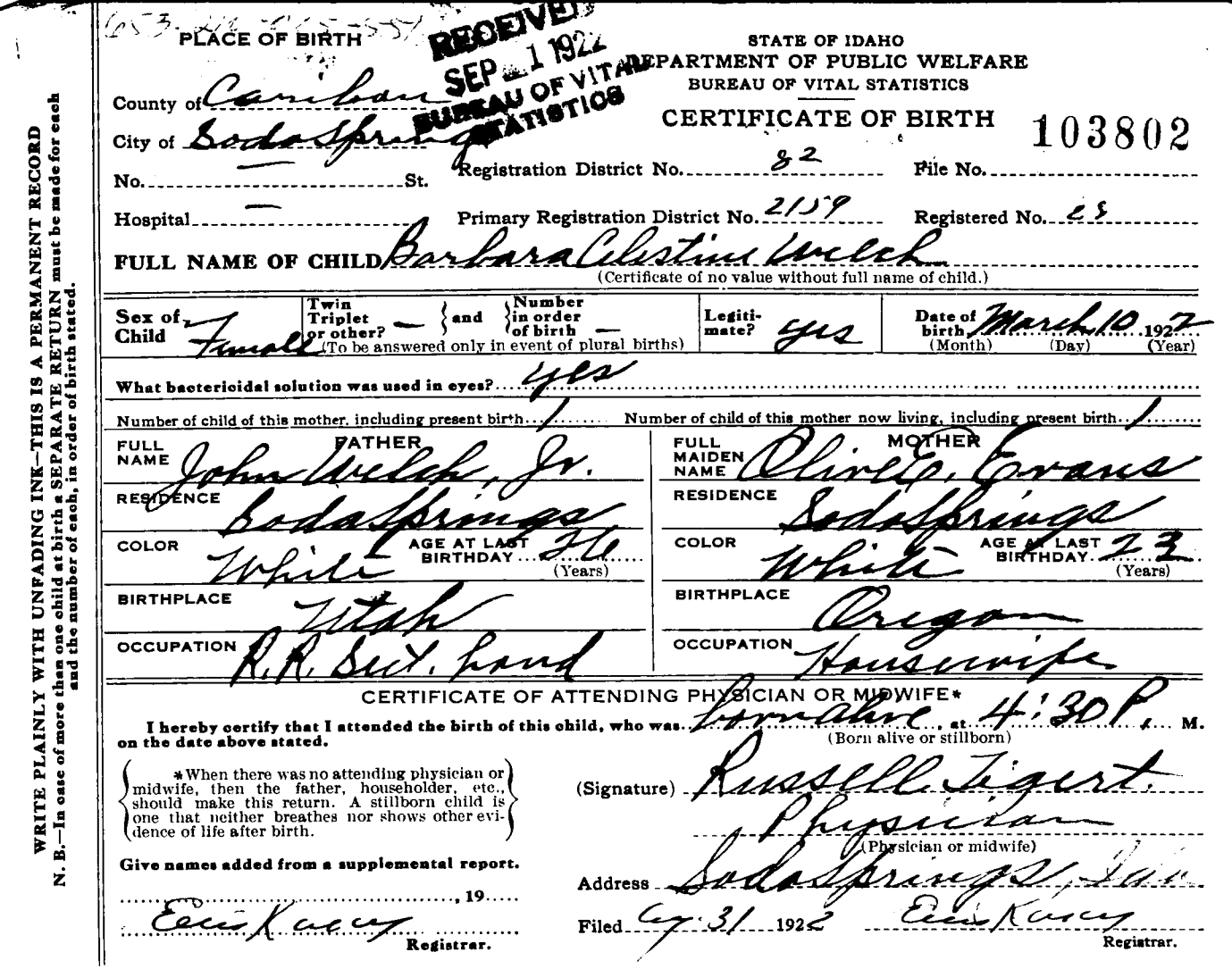
It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

653-[illegible]



PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103802

County of Caribou

City of Soda Springs

No. — St. Registration District No. 82 File No.

Hospital — Primary Registration District No. 2159 Registered No. 23

FULL NAME OF CHILD Barbara Celestine Welch
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of birth March 10 1922 (Month) (Day) (Year)
Female			

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER		MOTHER
FULL NAME	John Welch, Jr.	FULL MAIDEN NAME	Olive E. Evans
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Oregon
OCCUPATION	R.R. Sect. hand	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs, Idaho

Give names added from a supplemental report.

....., 19....

Eric Kacey
Registrar.

Filed Aug 31 1922 Eric Kacey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 16 1975

SEP 24 1942

155-110-015-653

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

County of Caribou

City of Sodo Springs

No. —

Registration District No. 82 File No. 103803

Hospital —

Primary Registration District No. 2159 Registered No. 29

FULL NAME OF CHILD Calvin A. Jenne, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	Feby 10 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Calvin A. Jenne	FULL MAIDEN NAME	Ida Wettstein
RESIDENCE	Sodo Springs Ida	RESIDENCE	Sodo Springs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	W. Va.	BIRTHPLACE	Switzerland
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Sodo Springs Ida

Give names added from a supplemental report.

....., 19....

Ellis Kaney
Registrar.

Filed Aug 31 1922 Ellis Kaney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1945

JUN 20 1952

797-218-015-295

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

County of Bonneville

City of —

No. — St.

Hospital —

Registration District No. 82

Primary Registration District No. 2159

File No. 103804

Registered No. 30

FULL NAME OF CHILD Yolanda Irene Pippert

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Feby 18 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 — Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Albert Pippert	FULL MAIDEN NAME	Meredith M. Kreps
RESIDENCE	Soda Springs Ida	RESIDENCE	Soda Springs Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kans	BIRTHPLACE	Ia.
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 2:00 P. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Ellis Kaney
Registrar.

(Signature) Russell Pippert
Physician
(Physician or midwife)

Address Soda Springs Idaho

Filed Aug 31 1922 Ellis Kaney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1943

FEB 8 1952

753-126-005-231

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of Soda Springs

No. — St.

Registration District No. 82

File No. 103805

Hospital —

Primary Registration District No. 2154

Registered No. 31

FULL NAME OF CHILD GENE HOWARD PETERSON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Feb. 26 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 5 — Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Algot O. Peterson	FULL MAIDEN NAME Hazel D. Blackett
RESIDENCE Soda Springs Ida	RESIDENCE Soda Springs, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Ellis Kasey
Registrar.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs, Ida.

Filed May 31 1922 Ellis Kasey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 103805

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Gene Howard Peterson (Name on Original Certificate) who February (Was Born or Died) on 26 (Date of Event)
in Soda Springs Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by County records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Gene Howard Peterson

Subscribed and sworn to before me this 15th
day of September, 1942.

Carlyle Marsh
Notary Public for Idaho
Pocatello, Idaho
My Commission Expires Oct. 19, 1943

Notary Public, residing at

My commission expires
(Seal)

Signed Mrs. Howard Hoge (sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

519 E. Halliday Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of September, 1942.

Carlyle Marsh
Notary Public for Idaho
Pocatello, Idaho
My Commission Expires Oct. 19, 1943

Notary Public, residing at

My commission expires
(Seal)

Signed X Mrs. H. Young (sister)
(Signature of Any Credible Person Other Than Previous Year)

Wheatland Wyoming.
(Street Address, City, State)

SEP 2 0 1942
SEP 1 8
AUG 2 4 1946

389-107-015-345

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103806

County of Caribou

City of Soda Springs

No. — St.

Registration District No. 82 File No.

Hospital —

Primary Registration District No. 2159 Registered No. 32

FULL NAME OF CHILD Ward Ray Christensen
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	March 7, 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ray Christensen	FULL MAIDEN NAME	Elvera Lundstrom
RESIDENCE	Henry, Idaho	RESIDENCE	Henry, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Ellis Kaney
Registrar.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs Ida

Filed Aug 31 1922 Ellis Kaney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1. REASONS WHY A CERTIFICAT
[illegible] AND THE SAME COMPLETE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Soda Springs Idaho

Street: .....

County: Caribou

File Number: 103806

Registration Dist. No.: .....

Sex of Child: Male

Date of Birth: March 7 1922

Father: Ray C. Christensen (Full Name)

Mother: Annie Elvera Lunde (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ward Ray Christensen
Child's Name in Full

Ray Christensen; Elvera L. Christen
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

651-211-015-113

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 1 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103807

County of Caribou

City of —

No. — St.

Hospital —

Registration District No. 82 File No.

Primary Registration District No. 2159 Registered No. 33

FULL NAME OF CHILD Ruby Irene Weaver

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	March 11, 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Virgil Weaver	FULL MAIDEN NAME	Ella Jackson
RESIDENCE	Conda, Ida	RESIDENCE	Conda, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Phosphate Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert

Physician

(Physician or midwife)

Address Soda Springs Ida

Give names added from a supplemental report.

....., 19.....

Eric Kaney

Registrar.

Filed Aug. 31 1922 Eric Kaney

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REA[illegible] [illegible]ERTIFIC[illegible]

[illegible]EACH CHI[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Conda

Street: .....

County: Caribou

File Number: 103807

Registration Dist. No. .....

Date of Birth: March 11th 1923

Sex of Child: Female

Father: H. D. Weaver
Full Name

Mother: Ella Jackson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ruby Irene Weaver
Child's Name in Full

H. D. Weaver
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386129.015-665

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103808

County of Caribou

City of Soda Springs

No. ✓ St. Registration District No. 82 File No.

Hospital ✓ Primary Registration District No. 2159 Registered No. 34

FULL NAME OF CHILD Eugene Wilson Thomas
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	( )	Mch 29 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harry Thomas	FULL MAIDEN NAME	Mary Owen
RESIDENCE	Salt Lake City, Utah	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Tenn.	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife (?)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs Idaho

Give names added from a supplemental report.

—, 19

Ellis Kurtz
Registrar.

Filed Aug. 31 1922 Ellis Kurtz
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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SEVERAL REASONS WHY A CERTIFICATE O[illegible]LD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 103808

Date Filed 8/31/42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Eugene Wilson Thomas (Name on Original Certificate) who Born (Was Born or Died) on 3/29/1922 (Date of Event)
in Soda Springs Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Eugene Wilson Thomas

Subscribed and sworn to before me this 31st. day of August, 1942.

Leggande b. Stewart
Notary Public, residing at Blackfoot, Idaho

My commission expires April 1st. 1945
(Seal)

Signed (Guardian) Mrs Irene Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 13. Blackfoot, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of August, 19 42.

Leggande b. Stewart
Notary Public, residing at

My commission expires April 1st. 1945
(Seal)

Signed Claude L Stewart
(Signature of Any Credible Person Other Than Previous Year)

Blackfoot, Idaho.
(Street Address, City, State)

SEP 1 1942

254-112-065 -455

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

County of Caribou

City of —

No. — St.

Hospital —

Registration District No. 82 File No. 103809

Primary Registration District No. 2159 Registered No. 35

FULL NAME OF CHILD Arnold Ray Bess
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Feby 12 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Rudolph Bess	FULL MAIDEN NAME	Lena Dunsley
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Elsie Kaney
Registrar.

(Signature) Russell Tippett
Physician
(Physician or midwife)

Address Soda Springs Idaho

Filed Aug 31 1922 Elsie Kaney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STA IDAHO

DEPARTME BLIC WEL

9 1922

Boise, Idaho, ...192...

Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital import- to have the full name included in the record. Kindly fill in the information requested in the blank below eturn this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

City Dodge Springs

Street Idaho

County Caribou

File Number 103809

Registration Dist. No. 6

f Child Male

Date of Birth February 9 1921

r Rudeth Bens
Full Name

Mother Irene Leona Dunsley
Full Maiden Name

REBY CERTIFY that the child described herein has been named:

Arnold Ray Bens
Child's Name in Full

Mr Mrs Rudeth Bens
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOU
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NA

- - - - - - - - - - -

Birth registration is part of every child's birthri

It establishes legally the date of the child's birt
and legitimacy.

It enables the Public Health Nurse to make sure t
been protected from danger of blindness and other infectio

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - -

1. The correct age for purposes of school attenda
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service
pelled to furnish certified copies of certificates of birt
portant that the certificates be filed with the BUREAU OF
TICS and the same completed by furnishing the name of the

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CI

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Place
of
Birth

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312-210-015-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103810

County of Caribou

City of Soda Springs

No. ..... St. ..... District No. 82 File No. .....

Hospital ..... Primary Registration District No. 2159 Registered No. 34

FULL NAME OF CHILD Mildred Viola Lasley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓		✓	yes	Apl 10 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	J. Chas. Lasley	FULL MAIDEN NAME	Jessie Blackburn
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9.35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Tigert
Physician
(Physician or midwife)

Address Soda Springs Ill

Give names added from a supplemental report.

....., 19.....

Elsie Kaney
Registrar.

Filed Aug 31 1922 Elsie Kaney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Soda Springs Idaho

Street: .....

County: Caribou

File Number: 103810

Registration Dist. No.: 6

Sex of Child: Female

Date of Birth: April 10 1922

Father: Joseph Charles Lasley (Full Name)

Mother: Jessie Belle Blackl (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mildred Viola Lasley
Child's Name in Full

Mrs. J. Chas. Lasley
Signature of Father or Mother

MAY 8

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has n protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are comed to furnish certified copies of certificates of birth, it is imant that the certificates be filed with the BUREAU OF VITAL STATISand the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

-016-168

[redacted]RTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103811

Co[redacted]sia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital .....

Primary Registration District No. 2196 Registered No. 2333

FULL NAME OF CHILD Julia Jane Buckmaster
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fe.		Yes.	July 6 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	N. C. Buckmaster	FULL MAIDEN NAME	Evelyn Johnson
RESIDENCE	Burley, Ida	RESIDENCE	Burley, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ohio	BIRTHPLACE	Minn.
OCCUPATION	Sheep-Shearer	OCCUPATION	Hsfe.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley, Idaho

Filed July 15 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1941

319-20-016-553

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103812

County of Cassia

City of Burley. No. ..... St.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2334

FULL NAME OF CHILD Maxine Lazier.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 7 192 2

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	W. L. Lazier.	FULL MAIDEN NAME	Mabel Nelson.
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	Wyo.
OCCUPATION	Laborer.	OCCUPATION	Nete.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley. Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 15 192 2 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WH
... LED FOR EACH CHILD AND

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley Idaho

Street: S. Shodde

County: Cassia

File Number: 103812

Registration Dist. No.:

Date of Birth: July 7 1922

Sex of Child: Female

Father: William Artello Lazier (Full Name)

Mother: Mable Nelson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Maxine Lazier
Child's Name in Full

William Artello Lazier
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

492-110-016-341

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 19..
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103813

County of Cassia
City of Burley
No. ..... St.
Registration District No. 117 File No. .....
Hospital ..... Primary Registration District No. 2196 Registered No. 2335

FULL NAME OF CHILD Terumi i Mishima
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes.	July 10 192 2

What bacteriedal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	K. Mishima	Koy Iwawashi
RESIDENCE	Burley. Ida.	Burley. Ida.
COLOR	Japanese	Japanese
AGE AT LAST BIRTHDAY (Years)	38	29
BIRTHPLACE	Japan.	Japan.
OCCUPATION	Farming.	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)
Address Burley Idaho
Filed July 15 192 2 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

441-211-016-266

PLACE OF BIRTH

RECEIVED AUG 17 1927 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103814

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2336

FULL NAME OF CHILD Betty Mae Duane

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	July 11 1927

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	W. W. Duane	FULL MAIDEN NAME	Leona Booth
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Laborer	OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed July 24 1927 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-215-016-284

PLACE OF BIRTH

RECEIVED AUG 1 BUREAU STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103816

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2338

FULL NAME OF CHILD Bonnie June Evans

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	and		Yes	July 15 192?

What bacteriedal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	June Evans	FULL MAIDEN NAME	Ina Shumway
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Salesman	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed July 27 192? Dr. J. C. Patterson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1943

445-218-016-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

County of Cassia

City of Burley

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

103817

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 2339

FULL NAME OF CHILD Lois Marie Munson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	July 18 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ray Munson	FULL MAIDEN NAME	Reva Manning
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Okla	BIRTHPLACE	Okla
OCCUPATION	Farming	OCCUPATION	Hsfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed July 27 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

..... 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERM

N. B.—In case of more than one child at birth a SEPARATE RETURN and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP - 0 192[illegible]2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Place of Birth — Street: .....

Place of Birth — County: Cassia

File Number: 103817

Registration Dist. No.: Starrh-Terry No 2

Date of Birth: July 18th 192[illegible]2

Sex of Child: Female

Father: Ray Munson (Full Name)

Mother: Reva Manning (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lois Marie Munson (Child's Name in Full)

Mrs. Ray Munson (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

669-14:016-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103818

County of Cassia
City of Burley
No. ..... St.
Hospital

Registration District No. 117 File No. .....
Primary Registration District No. 2196 Registered No. 2340

FULL NAME OF CHILD Russell Dale Worthington
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	and		Yes.	July 14 192 7

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	J. P. Worthington	FULL MAIDEN NAME	Emma Sanders
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Logan, Utah.	BIRTHPLACE	Switzerland
OCCUPATION	Farming.	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Ida.

Give names added from a supplemental report.

..... 19....
.....
Registrar.

Filed July 14 192 7 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 21 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 103818

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Russell Worthington (Name on Original Certificate) who born (Was Born or Died) on July 14, 1922 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	?Russell Worthington	Russell Dale Worthington

Subscribed and sworn to before me this 18 th
day of September, 1942

Notary Public, residing at Burley, Idaho

My commission expires 12-13-44
(Seal)

Signed Emma Worthington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 th
day of September, 1942

Notary Public, residing at Burley, Idaho

My commission expires 12-13-44
(Seal)

Signed Guy A Heymas
(Signature of Any Credible Person Other Than Previous Year)

Burley Idaho
(Street Address, City, State)

SEP 24 1942

213-204-016-719

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103819

County of Cassia

City of Burley Ida

Registration District No. 117 File No.

No. St.

Primary Registration District No. 2196 Registered No. 2341

Hospital

FULL NAME OF CHILD Muriel Bateman

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Girl				yes	July	4	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Bateman	Ivy Garside
RESIDENCE	Burley Ida	Burley Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	36
BIRTHPLACE	West Jordan Utah	South Jordan Utah
OCCUPATION	Laundryman.	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:45a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) W. H. Cooper.

Physician

(Physician or midwife)

Address Burley Idaho

Filed July 27 19 22 Dw J. C. Pattison

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP - 8 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley; Street: 338 Overton; County: Cassia

File Number: 103819

Registration Dist. No.:

Date of Birth: July 4, 1922

Sex of Child: Female

Father: George A. Bateman (Full Name)

Mother: Lucy M. Garside (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Muriel Bateman
Child's Name in Full

Geo. A. Bateman
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103821

RECEIVED AUG

County of Cassia
City of Burley
No. 301 E. Main St.
Hospital
Registration District No. 117
Primary Registration District No. 2196
File No.
Registered No. 2343

FULL NAME OF CHILD Naoma Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	July 29, 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 10 % Solution Argyrol freshly prepared

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Beldon Morten Anderson	FULL MAIDEN NAME: Emma Lenora Severe
RESIDENCE: Burley Idaho	RESIDENCE: Burley Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 17 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Pleasant Grove Utah	BIRTHPLACE: Oakley Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C. A. Rich

Physician (Physician or midwife)

Address D

Filed July 27 1922 Dr. J. C. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Named from card 7/27/43 Z.J.

JUL 27 1943

DECEASED

638-207-016-231

PLACE OF BIRTH

[redacted]

County of Cassia

City of Declo

No. ..... St.

Hospital .....

Primary Registration District No. 2196 ~~2015~~

Registered No. 2344

103822

FULL NAME OF CHILD Dona Gail Flynn

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	7 7 1922

What bactericidal solution was used in eyes? Agr No 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jno W Flynn	FULL MAIDEN NAME	Sarah Mae Black
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Sheep Man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Barwene, at 2 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Groom

M D

(Physician or midwife)

Address Rupert

Filed July 28 1922 Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915-102-016-754

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Churchill

No. ____ St.

Registration District No. 117 File No. 103823

Hospital ____ Primary Registration District No. 2196 Registered No. 2345

FULL NAME OF CHILD ~~DONALD DEAN~~ Randall DONALD DEAN RANDALL

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— and —	—	Yes	7 — 2 — 192[illegible]

What bactericidal solution was used in eyes? Arg. Nit. 3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	W. J. Randall	FULL MAIDEN NAME	Joan Geddes
RESIDENCE	Churchill	RESIDENCE	Churchill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	4[illegible]	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Hsef

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12[illegible] a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) F. H. Cutler M.D.
(Physician or midwife)

Address Burley Idaho

Filed Aug. 8 192[illegible] Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-103-016-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103824

County of Cassia

City of Burley

No. ____ St.

Registration District No. 117 File No. ____

Hospital ____ Primary Registration District No. 2196 Registered No. 7346

FULL NAME OF CHILD Baby Orchard Louise LeRay

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	7 3 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Earl Orchard	FULL MAIDEN NAME	Iris Peck
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 25 a.m., M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Cutler M.D.

(Physician or midwife)

Address Burley Ida

Filed Aug. 8 1922 Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 404 Schodie

County: Cassia

File Number: 103824

Registration Dist. No.:

Date of Birth: July 3 1922

Sex of Child: Male

Father: Louis Earl Orchard (Full Name)

Mother: Iris Peck Orchard (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lorin LeRoy (Child's Name in Full)

Mrs L. E. Orchard (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-105-016-669

PLACE OF BIRTH

RECEIVED AUG 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley No. ____ St.

Registration District No. 117 File No. 103825

Hospital ____ Primary Registration District No. 2196 Registered No. 2347

FULL NAME OF CHILD ~~baby Barlow~~ Max F. Barlow

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	Yes	7-5-192x

What bactericidal solution was used in eyes? Arg Nit.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Israel C. Barlow	Myrtle Ford
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	Hsf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive, at 12 25 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler M.D.
(Physician or midwife)

Address Burley

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed Aug 8 192x Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1941

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Malheur } ss.

Certificate No. 103825

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Barlow (male child) (Name on Original Certificate) who was born (Was Born or Died) on July 5, 1922 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Max Ford Barlow

Subscribed and sworn to before me this 19 day of March, 1965

Alberta Kerr
Notary Public, residing at Vale, Ore.
My commission expires Mar 1-1968
(Seal)

Signed Myrtle F Barlow
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Vale Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 In Office 1-19-65. nm

- Social Security Card, #544-12-7807, dated Jan. 17, 1941 gives full name as Max Ford Barlow - viewed by V.S.

JUL 29 1965

New York Life Insurance Co. Policy, # 21 028 247, dated Dec. 22, 1947 gives full name of insured as Max F. Barlow, born July 5, 1922 at Burley, Idaho - viewed by V.S.

Full name added as given Max F. Barlow - 7-29-65
In office -

391-206-206-755

PLACE OF BIRTH

RECEIVED
AUG 1 1927
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 103826

Hospital ..... Primary Registration District No. 2196 Registered No. 2348

FULL NAME OF CHILD Frances Ella McLean

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		—	Yes	7 — 6 1927

What bactericidal solution was used in eyes? Arg. N.O. 3

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Chas F Frances	FULL MAIDEN NAME	Ardelle Hess
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Laborer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 4 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler M.D.

(Physician or midwife)

Address Burley Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Aug 8 1927 Dr. J. C. Patterson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

ARTMENT OF PUBLIC WELFARE

SEP - 9 1922

Boise, Idaho, ...

RECEIVED
JUL 26 1923
BUREAU OF VITAL
STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital ance to have the full name included in the record. Kindly fill in the information requested in the blan and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATIST

Place of Birth
- City: Burley
- Street: Main
- County: Cassia

File Number: 103826

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: July 6

Father: Charles Fredrick Craner
Full Name

Mother: Aredella Althe
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ella Arelean Craner
Child's Name in Full

Charles F Cran
Signature of Father or Moth

EVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

registration is part of every child's birthright.
tablishes legally the date of the child's birth, parentage
y.
nables the Public Health Nurse to make sure the child has
ed from danger of blindness and other infections at birth.

- - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

ne correct age for purposes of school attendance.
nployment.
otection under the law.
litary and jury duty.
ght to travel unmolested in foreign lands.
ght to vote.
ght to receive pensions and inherit property.
rnishes acceptable evidence of genealogy.
ght to get married.
st at this time while many of the Ex-Service men are com-
nish certified copies of certificates of birth, it is im-
the certificates be filed with the BUREAU OF VITAL STATIS-
same completed by furnishing the name of the child.

EASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

815-22-d6-633

PLACE OF BIRTH

RECEIVED AUG 17 19[illegible]

BUREAU

STATE OF I[illegible]
DEPARTMENT OF PU[illegible]
BUREAU OF VITAL[illegible]

CERTIFICATE O[illegible]

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 103827

Hospital ..... Primary Registration District No. 2196 Registered No. 2349

FULL NAME OF CHILD ~~Velma Hanks~~ Maxine Hanks
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	and	—	Yes	July 24 1922

What bactericidal solution was used in eyes? Arg. Nit.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Julius Raymond Hanks	Sarah E Olsen
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	Hsf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) F H Cutler M.D.
(Physician or midwife)

Address Burley Ida

Filed Aug. 8 1922 Dr. J. C. Pattman Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Canyon } ss.

Certificate No. 103827

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unamed Hanks (Name on Original Certificate) who Born (Was Born or Died) on July 24, 1922 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License (Bible Record, Insurance Policy, Etc.) prepared on June 1, 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
No name	unnamed	Maxine Hanks

Subscribed and sworn to before me this 14th day of March, 19 66

Notary Public, residing at Nampa, Idaho

My commission expires 1/10/69

(Seal)

Signed Sarah Ethel Hanks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Certificate of Blessing certifies that Maxine Hanks daughter of J. Raymond Hands and Sarrah Ethel Ottesen was born July 24, 1922 at Burley, Idaho and blessed Sept. 3, 1922 by Geo. W. Hank of L.D.S.Church
Viewed by V. S.

MAR 17 1966

Marriage license and certificate gives name of bride as Maxine Hanks married to Gale Auburn Searle on June 1, 1940.
Veiwed by V. S.

Certificate of Baptism gives name as Maxine Hanks born July 24, 1922.
Viewed by V. S. Baptized Aug 3, 1930/

689-205-016-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103828

County of Cassia

City of Oakley

No. 1 St.

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Registration District No. 120 File No. XXVII

Hospital

Primary Registration District No. 2499 Registered No. 93

FULL NAME OF CHILD Inez Whittle
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) July (Day) 5 (Year) 1922
female		yes	

What bactericidal solution was used in eyes? Ag. No. 3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Zera Whittle	FULL MAIDEN NAME	Alice Fransen
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive, at 9.50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Nielson
(Physician or midwife)

Address Oakley Idaho

Filed Aug 3 1922 A. G. Nielson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Place of Birth — Street:

Place of Birth — County: Ca[redacted]a

File Number: 103828

Registration Dist. No.:

Date of Birth: July 5 192.2.

Sex of Child: Female

Father: Zera Calvan Whittle (Full Name)

Mother: Alice Dolphia Hansen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Inez Whittle (Child's Name in Full)

Mrs. Alice Whittle (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

315 [redacted] 16-818

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

103829

CERTIFICATE OF BIRTH

County [redacted]

City o[redacted]

No. ..... St.

Hospital .....

Registration District No. 122 File No. XXVII

Primary Registration District No. 2199 Registered No. 74

FULL NAME OF CHILD Howard Henry Tanner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/		/	Yes	July 29 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? AgNO3 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Nathan Henry Tanner	FULL MAIDEN NAME	Caroline Elizabeth Haynes
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains M.D.
(Physician ~~or midwife~~)

Address Oakley Idaho

Filed Aug. 3 1922 R. F. Nielson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP - 9 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Oakley

Street: Idaho

County: Cassia

File Number: 103829

Registration Dist. No.: 16

Sex of Child: Male

Date of Birth: July 29 192 2

Father: Nathan Henry Tanner (Full Name)

Mother: Carrie Elizabeth Haynes (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Howard Henry Tanner
Child's Name in Full

N. H. Tanner
Signature of Father or Mother

APR 8 1943

APR 8 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

813-829-016-462

PLACE OF BIRTH

County of Cassia

City of Oakley

No.

Hospital

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103830

Registration District No. 620 File No. XX VII

Primary Registration District No. 2199 Registered No. 95

FULL NAME OF CHILD Shirley Marion Hatch

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	July 29 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frances Marion Hatch	FULL MAIDEN NAME	Stella May Dobbins
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Mgr. lumber yard	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jane L. Rainey M.D.

(Physician or ~~midwife~~)

Address Oakley Idaho

Filed Aug 24 1922 N. O. Nelson Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP - 9 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: Center

County: Cassia

File Number: 103830

Registration Dist. No.:

Date of Birth: July 29 192 2

Sex of Child: Female

Father: Francis Marion Hatch
Full Name

Mother: Stella May Dobbins
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Shirley Marion Hatch
Child's Name in Full

F. M. Hatch
Signature of Father or Mother

MAY 1 2 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

4/2-230-016-613

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103831

County of Cassia

City of Oakley

No. ..... St. ..... Registration District No. 120 File No. XXVII

Hospital ..... Primary Registration District No. 219 Registered No. 96

FULL NAME OF CHILD BETHENE BARBARA ~~XXXXXXXXXX~~ MABEY
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	July 30 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	John ~~XXXXXXXXX~~ MABEY	FULL MAIDEN NAME Alice Walker
RESIDENCE	Oakley Id	RESIDENCE Oakley Id
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years) 35
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Nielsen
(Physician or midwife)

Address Oakley Idaho

Give names added from a supplemental report.

..... 19.....

Filed July 31 1922 W. F. Nielsen
Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 103831

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Bethene Barbara
Surname	Maybe	Mabey

Subscribed and sworn to before me this 26
day of June, 1942
C. S. Larson
Notary Public, residing at _____
My commission expires _____ (Seal)
Notary Public in and for the State of Idaho
Residing in Oakley, Cassia County, Idaho
My Commission expires Jan. 6, 1945

Signed Alice Mabey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____ (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____
My commission expires _____ (Seal)

Signed _____ (Signature of Any Credible Person Other Than Previous Year)

_____ (Street Address, City, State)

JUN 29 1942

JAN 2 4 1972

JUL 2 1942

315-214-016-432

PLACE OF ~~BIRTH~~ amend 5-17-83

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103832

County of Cassia

City of Oakley

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

No. ..... Registration District No. 120 File No. XXVII

Hospital ..... Primary Registration District No. 2199 Registered No. 92

FULL NAME OF CHILD Ila Elizabeth Cannon
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/		/	Yes	June 14 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? $AgNO_3$ 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph William Cannon	FULL MAIDEN NAME	Iva Altheria McBride
RESIDENCE	Castleford Idaho	RESIDENCE	Castleford Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 35 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.
(Physician ~~or midwife~~)

Address Oakley Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Aug 7 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

3-10-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

MAY 6 2 40 PM '83

Certificate No. 103832
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Cannon (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 15, 1922 (Date of Event)

in Oakley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ila Elizabeth Cannon
date of birth	June 15, 1922	June 14, 1922

Subscribed and sworn to before me this 3rd day of MAY, 1983

Notary Public, J. Martin
Residing at Jerome, Idaho
My commission expires 11-5-85
(Seal)

Mrs. Robert Gaff
~~Laura Mae Mallinson~~
Signature of Applicant
R#4 Box 83 Buhl 83316
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of TWIN FALLS }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3RD day of MAY, 1983

Notary Public, J. Martin
Residing at Jerome, Idaho
My commission expires 11-5-85
(Seal)

Laura Mae Mallinson
Supporting Signature
118C - 14th ave No.
Street Address, City, State

~~lcc~~ pd ~~sent~~ credit Buhl, Idaho, 83316,

Certificate of Baptism from LDS Church gives Ila Elizabeth Cannon daughter of Joseph Wm Cannon and Altera McBride born June 14, 1922 at Oakley was baptised July 30, 1931. Viewed by V.S.

MAY 17 1983

Marriage License gives Robert B Goff and Ila E. Cannon were married in Twin Falls on May 4, 1939. Viewed by V.S.

Nationwide Life Ins Co Application gives Ila E Goff born 6-14-22 in Oakley Idaho as proposed insured. Application dated 11-4-74. Viewed by V.S.

464-1046-016-619

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103833

County of Cassia

City of Oakley

No. ..... St. ..... District No. 120 File No. XXVII

Hospital ..... Primary Registration District No. 2199 Registered No. 90

FULL NAME OF CHILD Orville Joe Moultrie
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/		/	Yes	June 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? $AgNO_3$ 1%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Fredrick Leroy Moultrie	FULL MAIDEN NAME	Florence Fairchild
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 02 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rainx, M.D.

(Physician ~~or midwife~~)

Address Oakley Idaho

Filed Aug 30 1922 T. F. O'Nielson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP [illegible] 192...

Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

City Oakley Idaho

File Number 103833

Street

Registration Dist. No. 10

County

Date of Birth June 4 1922

Child Male

Frederick L. Moultrie
Full Name

Mother Florence Fairchild M
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Orville Joe Moultrie
Child's Name in Full

Mrs Florence Moultrie
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SH
'ILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE

- - - - - - - - - - -

Birth registration is part of every child's birth
It establishes legally the date of the child's bi
legitimacy.

It enables the Public Health Nurse to make sure
protected from danger of blindness and other infect

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - -

1. The correct age for purposes of school attenda
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service

led to furnish certified copies of certificates of bir
tant that the certificates be filed with the BUREAU OF
S and the same completed by furnishing the name of the

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR C

Dear M
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and ret

Place of Birth

Sex of

Father

I HER

132-203-017

Form V. S. No. 11-C—25m-7-21-19

PLACE OF B[redacted] STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 17 19[illegible] BUREAU OF VITAL STATISTICS

County of Clark

City of Dubois Ida. Registration District No. 125 File No. 103834

No. ..... St.

Primary Registration District No. 2203 Registered No. .....

Hospital .....

FULL NAME OF CHILD Clare Atkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	July	3	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard G Atkins	Anna B Hawkins
RESIDENCE	Dubois Ida	Dubois Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	26
BIRTHPLACE	NC	Ky
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E E Jones M D

(Physician or midwife)

Address Dubois Idaho

Filed July 3 19 22 E E Jones MD Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP - 9. 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
OCT 11 19[illegible]
BUREAU OF VITAL STATISTICS

Place of Birth — City: Dubois, Ida.

Street: .....

County: Clark Co.

File Number: 103834

Registration Dist. No.: 3

Sex of Child: Female

Date of Birth: July 3 1922.

Father: Richard Owen Atkins (Full Name)

Mother: Anna Belle Hawkins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elaine Atkins

Child's Name in Full

Richard Owen Atkins

Signature of Father or Mother

AY 8 19 42

JAN 2 7 1976

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386-109-017-199

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Clark

City of Dubois

No. _____ St.

Hospital _____

Registration District No. 125 File No. 103835

Primary Registration District No. 203 Registered No. _____

FULL NAME OF CHILD Lynn Rees Thomas

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 9 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Reed W Thomas	Hazel V Arrington
RESIDENCE	Small PO	Small PO
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Idaho	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) C E Jones M D

(Physician or midwife)

Address Dubois Idaho

Filed July 9 1922 C E Jones M D Registrar

RECEI[illegible]
SEP 2[illegible] 192[illegible]
BUREAU [illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP - 9 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Dubois; Street; County Clark

File Number 103835

Registration Dist. No.

Sex of Child Male

Date of Birth July 9th 1922

Father Rees W. Thomas (Full Name)

Mother Hazel Vera Arrington (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lynn Rees Thomas
Child's Name in Full

Mr. and Mrs Rees W Thomas
Signature of Father or Mother

APR 3 1944

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

21921 7-017-391

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clar[redacted]

City of Winsper PO

Registration District No. 125 File No. 103836

No. ..... St.

Hospital ..... Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Mildred June Bare

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 17 1922

FATHER		MOTHER	
FULL NAME	Emery Bare	FULL MAIDEN NAME	Bessie Craven
RESIDENCE	Winsper PO	RESIDENCE	Winsper PO
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	N C	BIRTHPLACE	N C
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Vera R Goddard

(Physician or midwife)

Given names added from a supplemental report.

Address Winsper Idaho

..... 19.....

Filed July 22 1922 C E Jones M D

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1954

613-219-017-052

V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 192 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

Registration District No. 125 File No. 103837

No. ..... St.

Primary Registration District No. 2203 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Verena Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 19 1922

FATHER		MOTHER	
FULL NAME	Robert Watson	FULL MAIDEN NAME	Mary R Meservey
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones MD
(Physician or midwife)

Address Dubois Idaho

Filed July 19 1922 C E Jones MD Registrar

IDAHO

...T OF PUBLIC WELFARE

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ... Dubois 8 mis out of town

Street .....

County ... Clark

File Number ... 103837

Registration Dist. No. .....

Sex of Child ... Female

Date of Birth ... July 19 ... 1922

Father ... Robert Watson (Full Name)

Mother ... mary Rozelia Meserry (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

... mary Derena watson (Child's Name in Full)

... mrs. Robt. Watson (Signature of Father or Mother)

NOV 9 1973

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

133-12-017-736

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

RECEIVED AUG 17 19[illegible] BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

VITAL

Registration District No. 125 File No. 103838

Primary Registration District No. 1203 Registered No. .....

FULL NAME OF CHILD ~~XXXXXXXXXXXX~~ TED JAMES Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 21 1922

FATHER		MOTHER	
FULL NAME	Julius J Allen	FULL MAIDEN NAME	Ada [illegible]
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones M D

(Physician or midwife)

Address Dubois Idaho

Filed July 21 1922 C E Jones M D Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 103838
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Theodore	Ted James Allen

Subscribed and sworn to before me this 31st
day of January, 19 42
Ted Thompson
Notary Public, residing at St. Anthony, Idaho
My commission expires Jan 18th 1945
(SEAL)

Signed Julius J. Allen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)
St. Anthony R.R. No. 1.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....
My commission expires .....
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

* sister of registrant

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 3 1944 Certificate No. 103838

County of Adams } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Theadore Allen (Name on Original Certificate) who born (Was Born or Died) on July 21st 1922 (Date of Event)

in DuBois, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge of sister who was present at birth (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Theadore Allen	Ted James Allen

Subscribed and sworn to before me this 4th day of February, 19 42

Signed * Alda Dopp

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Council, Idaho

My commission expires April 7th 1944 (Seal)

Council, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Adams }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge from inspection of family records

Subscribed and sworn to before me this 4th day of February, 19 42

Signed Cecil Dopp (Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Council, Idaho

My commission expires April 7th 1944 (Seal)

Council, Idaho (Street Address, City, State)

FEB 21 1942

319-230-017-415

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Clark

City of Dubois

Registration District No. 125 File No. 103839

No. ____ St.

Primary Registration District No. 2203 Registered No. ____

Hospital ____

FULL NAME OF CHILD Helen Laird

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	July	30	1922

FATHER		MOTHER	
FULL NAME	Joseph A Laird	FULL MAIDEN NAME	Lorie D Davidson
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:05 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) C E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed July 30 1922 C E Jones MD

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 22 1967

SEP 3 1952

994-202-018-113

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Ahsahka

No. ..... St.

Hospital .....

Registration District No. 90

Primary Registration District No. 2168

File No. 103840

Registered No. 45

FULL NAME OF CHILD Bertha Irene Zimmerman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes.	July 2 (Month) (Day) 1927 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Martin Zimmerman	Eula Jackson
RESIDENCE	Ahsahka	Ahsahka
COLOR	White	White
AGE AT LAST BIRTHDAY	40 (Years)	21 (Years)
BIRTHPLACE	Penn.	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gaily

Physician (Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report.

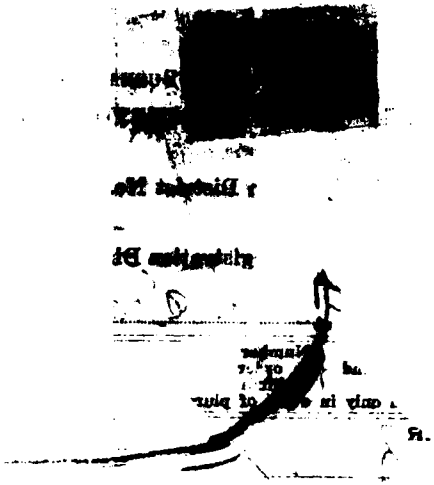
..... 19.....

Registrar

Filed July 5 1927

J. M. Gaily Registrar

MAY 11 1961



265-229-018-855

PLACE OF BIRTH Amended 2-7-7

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90

File No. 103841

No. ..... St.

Primary Registration District No. 2168

Registered No. 46

Hospital .....

FULL NAME OF CHILD Artice Cristine Bochum

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	Yes	May 29 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas Bochum	FULL MAIDEN NAME	Alma Hinduckson
RESIDENCE	Orofino Ida	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ida
OCCUPATION	Policeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile M Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

..... Registrar

Filed Aug 4 1922 J M Fairley Registrar

MARGIN RESERVED FOR L

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 5 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED JAN 14 1977

RECEIVED BUREAU OF VITAL STATISTICS 10 42 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 103841

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Ardis Bernice Boehm (Name on Original Certificate) who was born (Was Born or Died) on May 29, 1922 (Date of Event)

in Clearwater County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's first & middle name	Ardis Bernice	Artice Cristine

Subscribed and sworn to before me this 24th day of January, 1977

Marjorie A. Kuchynka

Notary Public, residing at Weippe

My commission expires 10/1/77

(Seal)

Signed Bernice Boehm Shoemake (Sister)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Clearwater

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of January, 1977

Marjorie A. Kuchynka

Notary Public, residing at Weippe

My commission expires 10/1/77

(Seal)

Signed Emma Vien Ball

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Telephone call, Atty Don't Walk 1-12-77 fc

Public School Diploma issued by Clearwater County, State of Idaho gives name as Artice Boehm. graduated from the Elementary School of Dist # 2. Orofino, Idaho. Issued May 13, 1938. Vera E. Rankin, Supt. of Public Instruction
Viewed by V.S.

Employment Record issued by the Boeing Company of Seattle, Washington, J H. Speckelmire, Chief of Corporate Personnel Records gives name as Artice Christine Kuest. Mained name given as Artice Cristine Boehm, birthdate May 29, 1922 and place of birth as Orofino, Idaho. Father's name was listed as Charles Edwin Boehm and mother name as Alma H. Hendrickson, Boehm. Employed May 1, 1967.
Viewed by V.S

Notoriaed copy of School Record Census issued by Auditor, Recorder and Clerk of Dist Court, Clearwater County gives name as Artice Cristine Boehm attended school in Dist. # 2 . Her age is listed as 6 as of October 11, 1928. Father's name is listed as Charles Boehm.
Viewed by V.S.

Statement regarding Family records issued by Bernice Boehm Shoemake of Weippe, Idaho states that according to family records, her sister was given the name of Artice Cristine Boehm and that has always been her name. Original record obviously old. Statement issued January 24, 1977.
Viewed by V.S.

693220-018-319 name added 12-17-85 dl

PLACE OF BIRTH

County of Clearwater

City of Weippe

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

103842

Registration District No. 90

Primary Registration District No. 21 68

File No. .....

Registered No. 47

FULL NAME OF CHILD Lela Jean Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	7/20 22 191...

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harvey S. Wilson	Nellie Carr
RESIDENCE	Weippe	Weippe
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	34 (Years)
BIRTHPLACE	Ida	W. Va.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. M. Maxwell

(Physician or midwife)

Address Weippe

Filed July 6 19 22

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-4-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 17 9 03 AM '85

State of Id
County of Clearwater } ss.

Certificate No. 103842
Date Filed 8-4-1922

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Wilson (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 20, 1922 (Date of Event)

in Weippe (Clearwater) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Lela Jean Wilson

Subscribed and sworn to before me this 13 day of December, 1985

Notary Public, [signature]
Residing at Weippe Wallace
My commission expires July 25, 1988
(Seal)

(Wilson)
XX Lela J Hutchins
Signature of Applicant

X
Street Address, City, State

(Sheet attached)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

1 cc credit

Apprentice Cosmetician License lists Lela Jean Hutchins was given license on April 3, 1945. Viewed by V.S.

High School Diploma Lists Lela Jean Wilson graduated from Weippe High School May 24, 1940. Viewed by V.S.

[illegible] 1985

386-207-018-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL

County of Clearwater

City of Ahsabba

Registration District No. ..... File No. 103843

No. ..... St.

Primary Registration District No. 2168 Registered No. 48

Hospital .....

FULL NAME OF CHILD Marvin C. Choate

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	Yes	July 7 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ed Choate	FULL MAIDEN NAME	Lilly Peterson
RESIDENCE	Tekoa Ida.	RESIDENCE	Tekoa Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile M Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida.

Filed Aug 4 1922 J. M. Fairley Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

632-116-008-693

PLACE OF BIRTH

RECEIVED AUG

County of Clearwater

City of Orofino

No. ..... St.

Registration District No. 90

Primary Registration District No. 2168

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

File No. 103844

Registered No. 449

Hospital .....

FULL NAME OF CHILD Earle Wayne Ockert

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) July (Day) 16 (Year) 1922

FATHER		MOTHER	
FULL NAME	Anthony Ockert	FULL MAIDEN NAME	Maggie Wilkinson
RESIDENCE	Orofino	RESIDENCE	Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Mich.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Ida.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. M. Horswell (Physician or midwife)

Address Orofino Ida.

Filed Aug 16 1922 J. McFaul Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

466-224-018-391

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Registration District No. 91

File No. 103845

Primary Registration District No. 2168

Registered No. 50

Hospital .....

FULL NAME OF CHILD Flora Elaine Moore

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	yes	July 24 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carroll T Moore	FULL MAIDEN NAME	Lou Crackel
RESIDENCE	Pardee	RESIDENCE	Pardee
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	3 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	New Jersey	BIRTHPLACE	Ill
OCCUPATION	Grain Buyer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle N Horswell
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Idaho

Filed Aug 7 1922

J. M. Fairly
Registrar

Registrar

MARGIN RESERVED FOR BIND

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 15 1943

JUN 5 1972

JUN 5 1972

JUN 5 1972

SEP 26 1982

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED AUG 17 19[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103846

City of Orofino

Registration District No. 90

File No.

No. St.

Primary Registration District No. 2168

Registered No. 51

Hospital

FULL NAME OF CHILD Patricia Harriet Hughes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl			July 26 1924 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter M Hughes	FULL MAIDEN NAME	Ollie Shoemaker
RESIDENCE	Orofino	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	N.Y.	BIRTHPLACE	Mo.
OCCUPATION	Surveyor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric N Horswell (Physician or midwife)

Given names added from a supplemental report.

Address Orofino Idaho

19

Filed Aug 4 1922 J M Fairley

Registrar

Registrar

K

MAY 6 1942

APR 3 1961

MAR 18 1964

155-110-0 B-393

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103847

County of Clearwater

City of Ahsahka Registration District No. 90 File No.

No. St.

Primary Registration District No. 218 Registered No. 52

Hospital

FULL NAME OF CHILD Orville Olivier Jenks

Sex of Child: Male | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes, | Date of Birth: July 10 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: Roy Jenks	FULL MAIDEN NAME: Pearl Silden
RESIDENCE: Ahsahka	RESIDENCE: Ahsahka
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Nebraska
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 a M. on the date above stated.

(Signature) J. M. Jenks

Physician (Physician or midwife)

Address Orofino Idaho

Filed Aug. 4 1922 J. M. Jenks Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

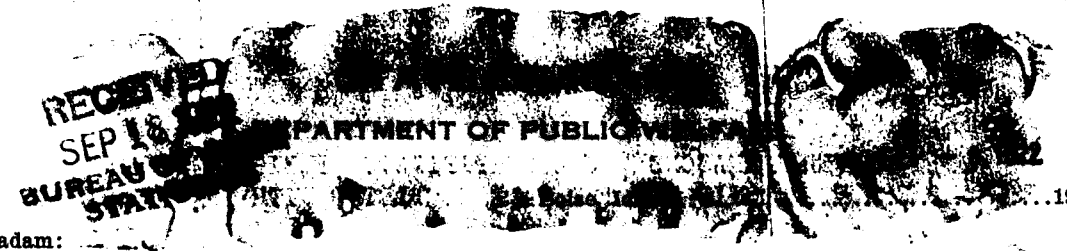
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO



...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Alhambra

Street:

County: Sacramento

File Number: 103847

Registration Dist. No.: 16

Date of Birth: July 17 1922

Sex of Child: Male

Father: Roy Jenks (Full Name)

Mother: Pearl Jenks (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Owen Oliver Jenks

Child's Name in Full

Roy Jenks

Signature of Father or Mother

MAR [illegible]

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

613-216-018-263

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED AUG 17 1922 BUREAU

STATE OF [illegible] BUREAU OF VITAL [illegible]

CERTIFICATE OF BIRTH

County of Clearwater

City of Gilbert

No. ..... St.

Hospital .....

Registration District No. 90 File No. 103848

Primary Registration District No. 2168 Registered No. 53

FULL NAME OF CHILD Iris Carroll Walker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	July	16	1922

FATHER		MOTHER	
FULL NAME	E. E. Walker	FULL MAIDEN NAME	Sylvia A. Morgan
RESIDENCE	Gilbert	RESIDENCE	Gilbert
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Iowa	BIRTHPLACE	Mich.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 00 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. M. Fairly

Physician

(Physician or midwife)

Address Rosins Idaho

Filed Aug 4 1922 J. M. Fairly

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5m-1-13

STATE OF IDAHO

BOARD OF HEALTH — BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

1038

Registered No. 53

Registration Dist. No. 90

Place of Birth

City Gilbert

Street and House No.

County Clearwater

Sex of Child Female

Date of Birth July (MONTH) 16 (DAY) 1933 (YEAR)

Father Edwin E. Walker (FULL NAME)

Mother Sylvia M. Kalmanian (FULL MAIDEN NAME)

I Hereby Certify that the child described here has been named:

Lois Conrad Walker (GIVEN NAME IN FULL) (SURNAME)

as reported by Sylvia M. Walker (FATHER OR MOTHER)

J. M. Darby (LOCAL REGISTRAR)

MARGIN RESERVED FOR BINDING

FEB 27 1943

MAR 1 1943

913-219-018-962

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED AUG 1 BUREAU

CERTIFICATE OF BIRTH

County of Clearwater

City of Weippe

Registration District No. 90 File No. 103849

No. ____ St.

Primary Registration District No. 2168 Registered No. 54

Hospital ____

FULL NAME OF CHILD Helen Marie Ratliff

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July 19 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Leo L. Ratliff	FULL MAIDEN NAME	Lily Robeson
RESIDENCE	Weippe Ida	RESIDENCE	Weippe
COLOR	White	AGE AT LAST BIRTHDAY	35 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) J. M. Family

(Physician or midwife)

Address Orofino Idaho

Filed Aug 4 19 22

J. M. Family

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 7 1962

MAR 26 1945

25-12-1918 > 365

PLACE OF BIRTH

Amended 6-1-56

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 103850

Primary Registration District No. 2168 Registered No. 55

FULL NAME OF CHILD LOWELL WILLIAM KNUTSON
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE				YES	July 27 1922

What bacteriacidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Fred Knutson	FULL MAIDEN NAME: Ada Cov
RESIDENCE: Orofino	RESIDENCE: Orofino
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: So. Dak.	BIRTHPLACE: Oregon
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Address Orofino, Idaho

Filed Aug. 4 1922 J. M. Fairly Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 31 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Clearwater } ss.

Certificate No. 103856

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lowell William Knutson (Name on Original Certificate) who was born (Was Born or Died) on July 27, 1922 (Date of Event)
in Orofino, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex	Female	Male

Subscribed and sworn to before me this 29 day of May, 1956.
Sally L. Hayden, Clerk of District Court
Notary Public, residing at Orofino Idaho
~~My commission expires~~
(Seal)

Signed Mrs. Fred Knutson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Orofino Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Clearwater } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of May, 1956.
Sally L. Hayden, Clerk of District Court
Notary Public, residing at Orofino Idaho
~~My commission expires~~
(Seal)

Signed Fred Knutson
(Signature of Any Credible Person)
Orofino Idaho
(Street Address, City, State)

814-106-018-393

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater
City of Elk River
No. ..... St. ..... District No. 91 File No. 103851
Hospital At home Primary Registration District No. 2168 Registered No. 6

FULL NAME OF CHILD John Lillard Hambly
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 6 1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James Braddock Hambly	FULL MAIDEN NAME	Mildred Stanley Lillard
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wisconsin	BIRTHPLACE	Missouri
OCCUPATION	Lumberman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Holmes
(Physician or Midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug. 17 1922 Mildred Hambly
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 8 1942

FEB 8 1951

259-420-018-659

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater
City of Elk River
No. ____ St.
~~Hospital~~ At home

Registration District No. 91 File No. 103852
Primary Registration District No. 2168 Registered No. 1

FULL NAME OF CHILD Alma Leslie Marguerite Bergery
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	8 10 1922

What bactericidal solution was used in eyes? Silver Nit.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Elmer L. T. Bergery	FULL MAIDEN NAME	Harriet Ferguson
RESIDENCE	Spokane Wash.	RESIDENCE	Spokane Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ioris.
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 7.30 P M. (Born alive [redacted]) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Holmes

(Physician [redacted])

Address ____

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Aug. 21 1922 Mildred Hambly.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 6 1944

858-10-4-018

PLACE OF BIR[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103853

County of Clearwater
City of Elk River
No. ..... St. .....
Hospital At home

RECEIVED SEP 2 1922 BUREAU OF VITAL STATISTICS

Registration District No. 91 File No. .....
Primary Registration District No. 2168 Registered No. 8

FULL NAME OF CHILD Harvey Tom Heywood
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	Yes	8 4 1922

What bacterioidal solution was used in eyes? Silver Nit.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harvey Tom Heywood	FULL MAIDEN NAME	Hazel Monthey
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Wis.
OCCUPATION	Cook	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Holmes

(Physician [redacted])

Address .....

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Aug. 21 1922 Mildred Hambly Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 13 1955

132-126-008-353

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 2 1922 BUREAU OF VITAL STATISTICS

County of Clearwater

City of Elk River

No. 1 St. [redacted] District No. 91 File No. 103854

~~Hospital~~ at home Primary Registration District No. 2168 Registered No. 9

FULL NAME OF CHILD Levi Denis Albert

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	8 26 1922

What bactericidal solution was used in eyes? Silver nit.

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John Levi Albert	FULL MAIDEN NAME	Febia Emma Tetreault
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Mont
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive [redacted]) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Holmes

(Physician [redacted])

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Aug. 30 1922 Mildred Hamby Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1942

238-125-020-445

PLACE OF BIRTH

RECE[redacted]
SEP [redacted]
BUREAU OF V[redacted]
STATIS[redacted]

STATE OF IDAHO
[redacted]RTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenns Ferry

No. ..... St.

Registration District No. 35

File No. 103855

Hospital .....

Primary Registration District No. 2031

Registered No. .....

FULL NAME OF CHILD Lucien Willard Schroeder

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	Aug 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silvol 5%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lucien R Schroeder	FULL MAIDEN NAME	Eliza V Dunning
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	[illegible] AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Calif	BIRTHPLACE	Ida
OCCUPATION	Plumber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:50 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Reed M D

Physician

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....

Registrar.

Address Glenns Ferry Idaho

Filed Sept 4 1922 J. W. Davis

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1940

1940

JAN 25 1940

818-118-020-955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 17 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103856

County of Elmore

City of Glenns Ferry

No. ..... St. Registration District No. 35 File No. .....

Hospital ..... Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD Ralph Victor Haynes Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	Aug 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver 5%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ralph V. Haynes	FULL MAIDEN NAME	Marguerite Renfreau
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo	BIRTHPLACE	Miss
OCCUPATION	R R Fireman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Pond M D

Physician
(Physician or midwife)

Address Glenn's Ferry Idaho

Filed Sept 4 1922 J. W. Dow
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1962

318-211-020-517

PLACE OF BIRTH

RECEIVED SEP 7 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103857

County of Elmore

City of Glenns Ferry

No. ..... St. Registration District No. 35 File No. .....

Hospital ..... Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD Violet Maxine Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	\		\	Yes	Aug 11 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver 5%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Terry F. Taylor	FULL MAIDEN NAME	Margaret Napier
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ida	BIRTHPLACE	Scotland
OCCUPATION	RR Brakeman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1050 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Ford M.D.

Phys. Glenns Ferry Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address .....

Filed Sept 4 1922 J. W. Doors
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED DEC 6 1922 BUREAU OF VITAL STATISTICS

Place of Birth: City Glens Ferry; Street Idaho; County

File Number 103857

Registration Dist. No.

Date of Birth August 11th 1922

Sex of Child Female

Father Leroy Franklin (Full Name)

Mother Margaret Andrews (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Violet Maxine Taylor (Child's Name in Full)

Mrs L F Taylor (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

313-101-020-719

PLACE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of King Hill

No. ..... St.

Registration District No. 35

File No. 103858

Hospital .....

Primary Registration District No. 2021

Registered No. .....

FULL NAME OF CHILD Thomas Robert Tate
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	Yes	June 1 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver 5 %

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jacob C Tate	FULL MAIDEN NAME	Myrtle A Garard
RESIDENCE	King Hill	RESIDENCE	King Hill
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ark	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Ford M D

Physician
(Physician or midwife)

Address Glenns Ferry Idaho

Filed Sep 4 1922 J. W. Davis
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 10, 1941. E.W.

243 130 020 212

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103859

County of Elmore

City of King Hill

No. ..... St. Registration District No. 34 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD North Franklin Bullock

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	July 31 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver S. S.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank A Bullock	Alice Bober
RESIDENCE	King Hill	King Hill
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	27
BIRTHPLACE	S Dak	S Dak
OCCUPATION	Merchant	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Pond M.D.

Physician

(Physician or midwife)

Address Glenns Ferry Idaho

Filed Sept 6 1922 J. W. Davis

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: King Hill
- Street: ~~Elmore~~
- County: Elmore

File Number: 103859

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child: Male

Father: Mark Atwood Bullock
Full Name

Mother: Alice May ~~Bullock~~ Bobier
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Worth Franklin Bullock
Child's Name in Full

Mrs. M. A. Bullock
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

795-102-020-594

PLACE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 103860

County of Elmore

City of Glenns Ferry

No. ____ St. ____ Registration District No. 35

Hospital ____ Primary Registration District No. 2021 Registered No. ____

FULL NAME OF CHILD Floyd Preston Pierce

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Aug 3 1922

What bactericidal solution was used in eyes? Silver 5 %

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Oliver Preston Pierce	Martha Erdelbrock
RESIDENCE	Glenns Ferry	Glenns Ferry
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	28
BIRTHPLACE	Kans	Utah
OCCUPATION	Carpenter	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 40 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Ford M D

Physician

(Physician or midwife)

Address Glenns Ferry Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Sept 4 1922 J. W. Morris
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIR
D FOR EACH CHILD AND TH SAME COMPLETED WITH T

Dear Madam [illegible] Sir:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Glenns Ferry

Street: Maine St.

County: Elmore

File Number: 103860

Registration Dist. No.: Glenns Ferry

Date of Birth: August 3 1926

Sex of Child: Male

Father: Oliver Preston Pierce (Full Name)

Mother: Martha Marguerite Erdel (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lloyd Preston Pierce

Child's Name in Full

Martha M. Pierce

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage itimacy.

It enables the Public Health Nurse to make sure the child has otected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-
) furnish certified copies of certificates of birth, it is im-
hat the certificates be filed with the BUREAU OF VITAL STATIS-
the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

494-231-020-165

PLACE OF BIRTH

SEP 7 192[illegible]

STATE OF IDAHO

Form V. S. No. 15

BUREAU OF VITAL STATISTICS — Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry

Registration District No. [illegible] File No. 10386

No. ..... St.

Primary Registration District No. 2031 Registered No. .....

Hospital .....

FULL NAME OF CHILD Elsie May Midkiff

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	3	yes	July 31 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jeff. Midkiff	FULL MAIDEN NAME	Mahala E. Jones
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Oklahoma	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. July 31 1922 at 6 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis

Physician

(Physician or Midwife)

Address Glenn's Ferry Idaho

Given name added from a supplemental report

..... 19.....

Filed July 31 1922 J. W. Davis

Registrar

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

SEP 2 1965

365-226-020-386

PLACE OF BIRTH

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-30-11

County of Elmore

City of Glenn's Ferry Registration District No. 90 File No. 103863

No. ....., ... St.

Primary Registration District No. 2021 Registered No. .....

Hospital .....

FULL NAME OF CHILD Katherine Francis Long.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	1	yes	July 26, 1922

FATHER	MOTHER
FULL NAME: William Hamilton Long.	FULL MAIDEN NAME: Irma Manetta Thomas
RESIDENCE: Glenn's Ferry Idaho	RESIDENCE: Glenn's Ferry Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: America	BIRTHPLACE: America
OCCUPATION: Trainman U.S.L.R.R.	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) on the date above stated. July 26 1922 at 11:00 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.
Physician
(Physician or Midwife)

Address Glenn's Ferry Idaho

Given name added from a supplemental report

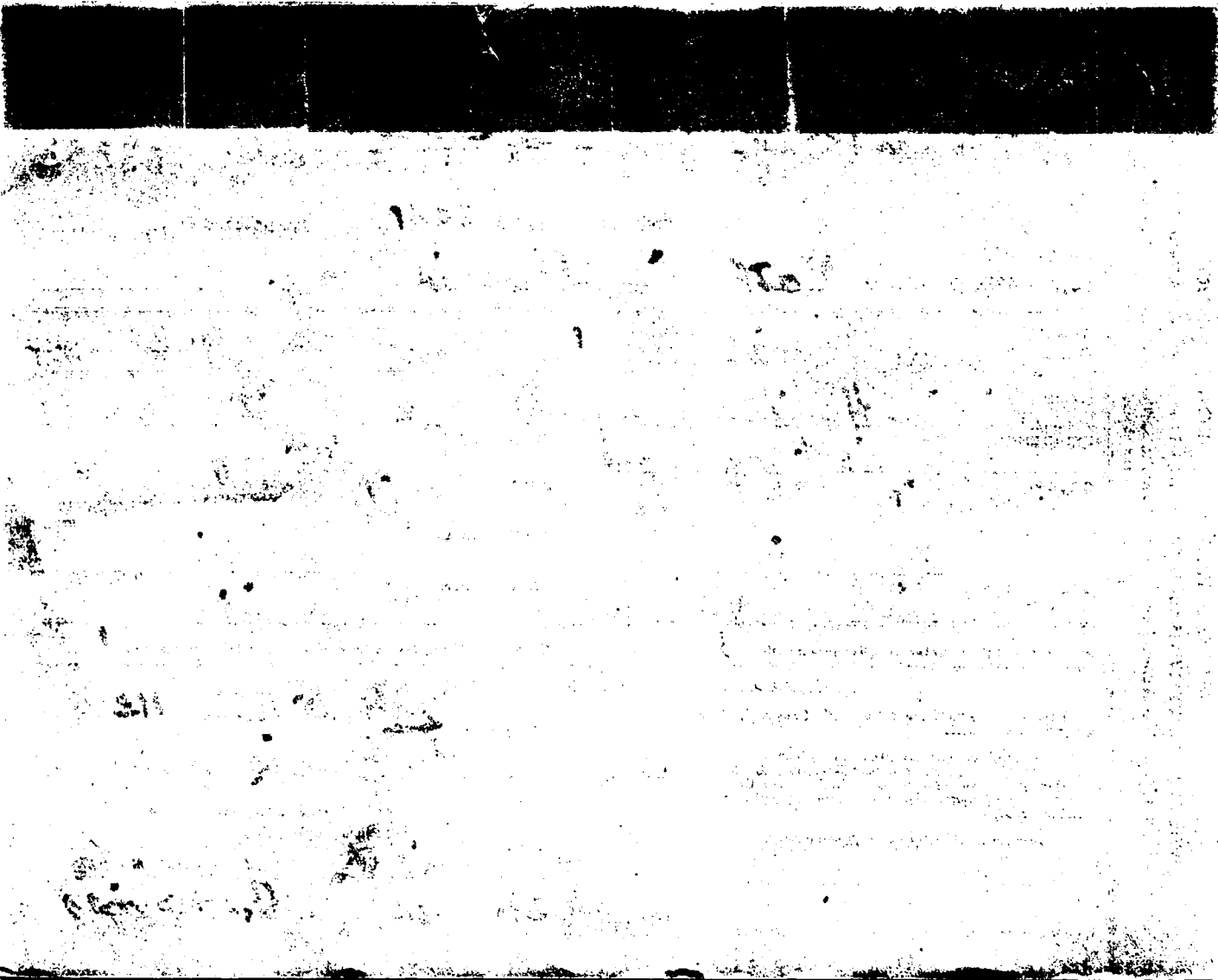
....., 19.....

Filed July 29, 1922 J. W. Davis
Registrar

.....
Registrar

S-Y CO., 16666

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



55-204-020 275

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1922

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 35 File No. 103864

No. ..... St.

Hospital ..... Primary Registration District No. 2021 Registered No. .....

FULL NAME OF CHILD Barbara June Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	5	yes	July 4 1922

FATHER		MOTHER	
FULL NAME	William H. Evans	FULL MAIDEN NAME	Bessie Spencer
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... July 4th 1922 at 8 46 a M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Glenn's Ferry Idaho

Filed July 10 1922 J. W. Davis
Registrar.

..... Registrar.

UNFADING INK—THIS IS A PERMANENT RECORD
Can one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1959

JUN 28 1983

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 12—Rev. 6-20-11

Bureau of Vital Statistics

County of Elmore

RECEIVED
SEP 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Glenn's Ferry (Registration District No. 33)

File No. 103865

No. ....., ... St.

Primary Registration District No. 2021

Registered No. .....

Hospital .....

FULL NAME OF CHILD LeRoy Eugene Cramer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	6	yes	Aug 25 1922

FATHER		MOTHER	
FULL NAME	William Cramer	FULL MAIDEN NAME	Edna Viel
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Locomotive fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (or Stillborn) on the date above stated. Aug 25 1922 at 11 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

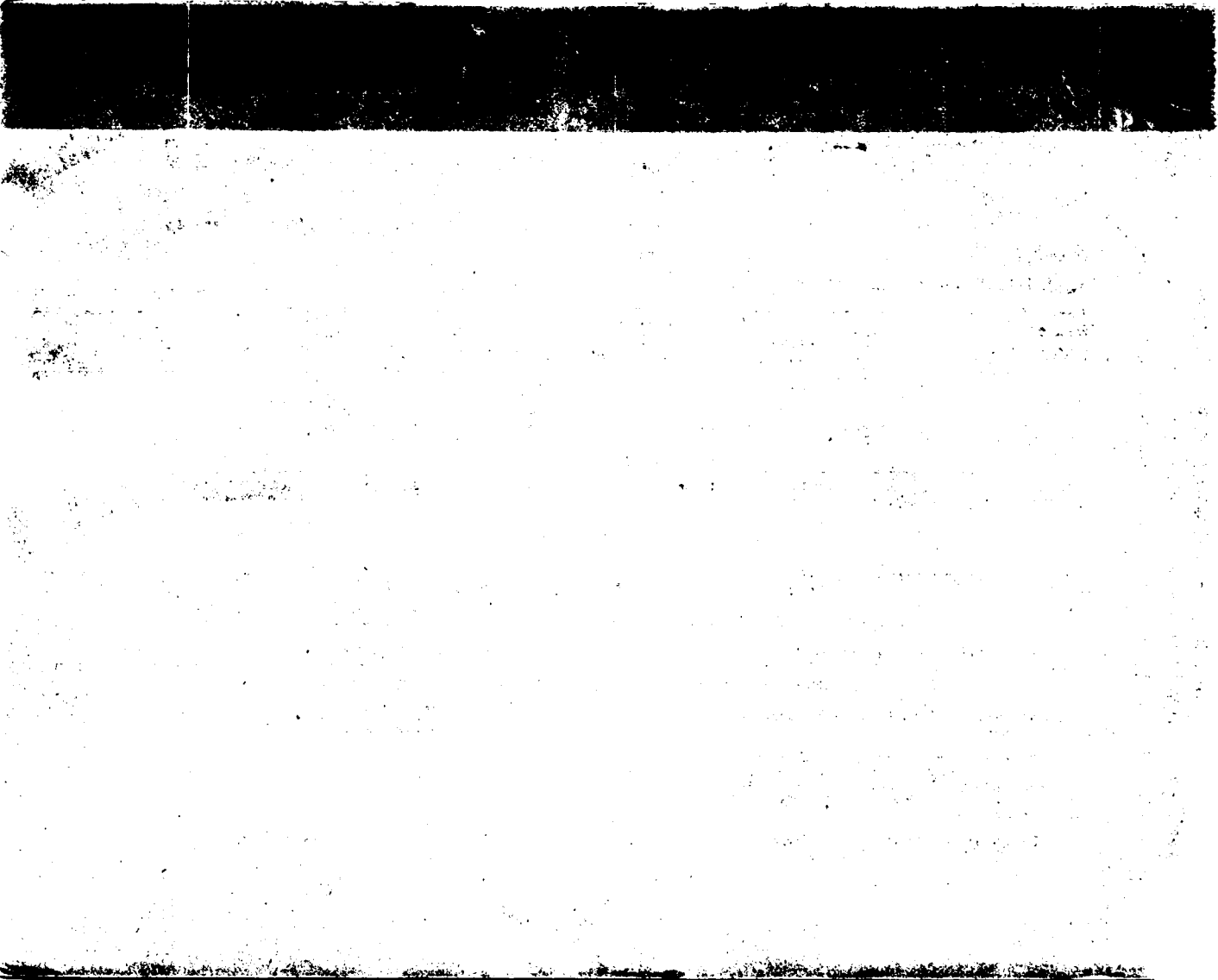
(Signature) J. W. Dorr M. D

Physician (Physician or Midwife)

Address Glenn's Ferry Idaho

Filed Aug 30 1922 J. W. Dorr Registrar

S-Y CO., 16668



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of El[illegible]

City of Glenn's Ferry

No. ..... St.

Hospital .....

SEP 1 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 35

File No. 103866

Primary Registration District No. 2021

Registered No. .....

FULL NAME OF CHILD Nela Mae Hutton

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Female	Single	1	yes	Aug 28 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph J. Hutton	FULL MAIDEN NAME	Mabel Easton
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Clerk, general store	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug 28. 1922 at 11:30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doris M.D.

Physician

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Glenn's Ferry Idaho

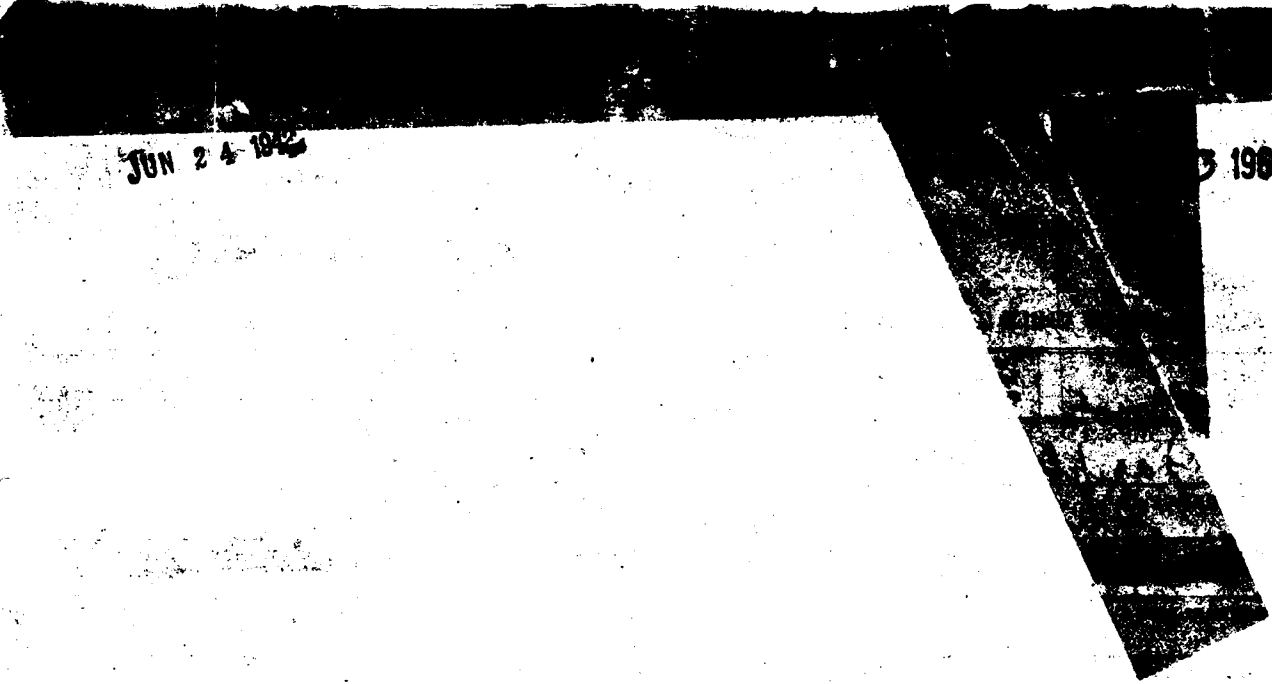
Filed Sept 4th 1922 J. W. Doris

Registrar

Registrar

S-Y CO., 16669

JUN 2 4 1969



796-228-020-289

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 103867

No. ..... St.

Primary Registration District No. 2020 Registered No. 30

Hospital .....

FULL NAME OF CHILD Norma Rhea Prock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7-28-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest R Prock	FULL MAIDEN NAME	Sarah A Shropshire
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed 8-1-1922 T E Evans

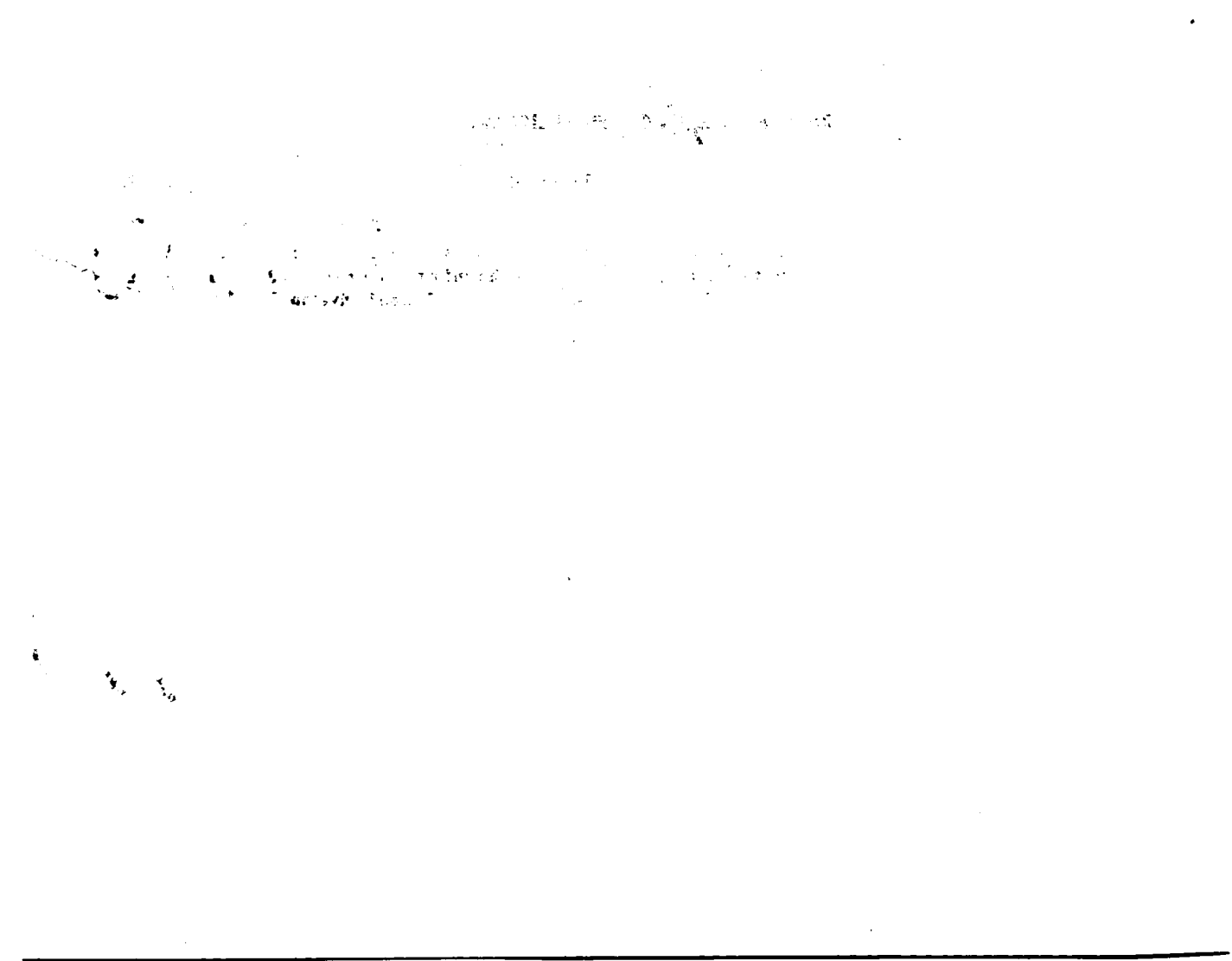
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
OCT 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP - 9 1922

Boise, Idaho, ... 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blanks below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Mountain home

Street: .....

County: Elmore

File Number: 103867

Registration Dist. No.: 6

Sex of Child: Female

Date of Birth: August 28 1922

Father: Earnest Prock (Full Name)

Mother: Sarah Prock (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Norma R. Lee
Child's Name in Full

Earnest Prock
Signature of Father or Mother

JUL 7 1971

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage. and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

174130-020-353

PLACE OF BIRTH

Amended 11/16/73

Form V. S. No. 11-C—Rev. 7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34

File No. 10386

No. ____ St.

Primary Registration District No. 2020

Registered No. 19

Hospital ____

FULL NAME OF CHILD John V. Aguirre

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Male		Yes	7 - 30

FATHER

FULL NAME: Victor Aguirre

RESIDENCE: Mountain Home Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Spain

OCCUPATION: Hotel Kitchen

MOTHER

FULL MAIDEN NAME: Maria Leta

RESIDENCE: Mtn Home Idaho

COLOR: White

AGE AT LAST BIRTHDAY: ____

BIRTHPLACE: Spain

OCCUPATION: ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 (Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

(Signature) H E Evans MD

(Physician or midwife)

Address Mtn Home Idaho

Filed 8-1-1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1952

APR 1 1952

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

1 19 72

RECEIVED BUREAU OF VITAL STATISTICS NOV 14 4 19 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Elmore

Certificate No. 103868

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for James Aguirre (Name on Original Certificate) who was born (Was Born or Died) on July 30, 1922 (Date of Event) in Mountain Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	James Aguirre	John Victor Aguirre

Subscribed and sworn to before me this 4th day of February, 19 72

Notary Public, residing at Mountain Home Idaho

My commission expires 3-3-75

(Seal)

Signed Maria Aguirre

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

NOV 1 6 1973

Baptismal Certificate Roman Catholic Church,Mountain Home, Idaho Rev. F. L. Lobell Baptized Nov. 14, 1922 John Aguirre born July 30, 1922 at Mountain Home, Idaho.

Viewed by Vs

B.P.O. Elks Lodge membership Card. Member 1964 Charter Member,Mountain Home, Idaho Lodge No. 2276 gives name as John V. Aguirre.

Viewed by VS

Amended 8/4/70

834 - PLACE OF BIRTH 123-020-199

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 103869

No. ..... St.

Primary Registration District No. 2020 Registered No. 28

Hospital .....

FULL NAME OF CHILD Jess Martin Ytuarte

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	7 (Month) 22 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Martin Ytuarte	FULL MAIDEN NAME	Aleja Arza
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Evans

M D Mtn Home
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed 8-1- 1922 J E Evans
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4 1970

7-29-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 3 - 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 103869

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Ytuarte (Name on Original Certificate) who was born (Was Born or Died) on July 22, 1922 (Date of Event)
in Mtn. Home (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Jess Martin Ytuarte

Subscribed and sworn to before me this 3rd day of July, 1970

Notary Public, residing at Mtn. Home, Idaho
My commission expires 3/3/72
(Seal)

Signed Patricia M. Ytuarte
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Rush - fc

Own childs birth certificate on file - Idaho - # 50-4992, gives name of father as Jess Martin Ytuarte. Child born May 30, 1950
Viewed by V.S.

Social Security Card gives name as Jess Martin Ytuarte, Mountain Home, Idaho. No. 519-16-9259. Viewed by V. S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-118-020255

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103870

County of Elmore

City of Mt Home Idaho

Registration District No. 34 File No.

No. St.

Primary Registration District No. 2020 Registered No. 27

Hospital

FULL NAME OF CHILD Martin Bennett Stein.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	July 18 1922

FATHER		MOTHER	
FULL NAME	Martin Stein	FULL MAIDEN NAME	Lillie E. Bennett
RESIDENCE	Mt. Home Ida	RESIDENCE	Mt. Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Littfelt, Germany	BIRTHPLACE	Castle Creek, Ida.
OCCUPATION	Cattle Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr O. P. Hamilton

Physician
(Physician or midwife)

Address Mt. Home, Ida.

Filed 8-1-1922 J E Evans
Registrar

139-213-020-538

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 103871

No. ..... St.

Primary Registration District No. 2020 Registered No. 26

Hospital .....

FULL NAME OF CHILD Sara ~~Alsola~~ Alzola

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 7 (Month) - 13 (Day) - 1922 (Year)

FATHER		MOTHER	
FULL NAME	Faustino Alsola Alzola	FULL MAIDEN NAME	Eusebia Elynezabal
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Stockman	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home

Filed 7-14-1922 T E Evans
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Mountain Home; Street: .....; County: Elmore

File Number: 103871

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: 13 July 1922

Father: Faustino Abeta (Full Name)

Mother: Eusebia Abeta (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Sara Abeta
Child's Name in Full

Faustino Abeta
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ida. } ss.
County of Ada }

Certificate No. 103871

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Sara Alsola (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 13, 1928 (DATE OF EVENT)
in Mtn. Home, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Sara Alsola	Sara Alzola

Subscribed and sworn to before me this 8th
day of June, 19 42

Notary Public, residing at Boise, Idaho

My commission expires 6-24-45
(SEAL)

Signed Mrs E Alsola
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

NOV 13 1973

689.213.020-551

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. ..... St.

Hospital .....

RECEIVED AUG 17 19 BUREAU OF STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 34 File No. 103872

Primary Registration District No. 2020 Registered No. 25

FULL NAME OF CHILD Katherine Emeline White

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth 7 (Month) 13 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: Leroy D White	FULL MAIDEN NAME: Gertrude E. Evans
RESIDENCE: Mtn Home Ida	RESIDENCE: Mtn Home Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Ida.
OCCUPATION: Farmer Trader	OCCUPATION:

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal (Born alive or stillborn), at 8:50 A. M. on the date above stated.

(Signature) J E Evans MD

(Physician or midwife)

Address Mtn Home Ida

Filed 7-14-1922

J E Evans
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

397-217-020-53

RECEIVED
AUG 17 1922
BUREAU OF VI
STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103873

County of Elmore

City of Mt Home

Registration District No. 34 File No.

No. St.

Primary Registration District No. 2021 Registered No. 24

Hospital

FULL NAME OF CHILD Abbie Louise Lightfoot

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	May	17	1922

FATHER		MOTHER	
FULL NAME	Hal Claire Lightfoot	FULL MAIDEN NAME	Miriam Nichols
RESIDENCE	Mt. Home Idah	RESIDENCE	Mt Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Hebron Indiana	BIRTHPLACE	Hebron Indiana
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 A.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. O. P. Hamilton

Physician (Physician or Midwife)

Address Mt. Home Ida.

Given names added from a supplemental report.

19

Registrar

Filed 8-3-1922

F E Corns
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 13 1951

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-24-020 -415 PLACE OF BIRTH

Amended 6-15-83 fc

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

103874

County of Elmore

City of Mtn Home

Registration District No. 34

File No.

No. St.

Primary Registration District No. 220

Registered No. 23

Hospital

FULL NAME OF CHILD Florence Hattie Minta

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	June 24 1922

FATHER		MOTHER	
FULL NAME	Frank Minta	FULL MAIDEN NAME	Gladys Davis
RESIDENCE	Hill City Ada	RESIDENCE	Hill City Ada
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Va.	BIRTHPLACE	Oregon
OCCUPATION	Ranching	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J E Evans

M.D.

(Physician or midwife)

Address Mtn Home Ada

Filed 7-1-1922

19

Registrar

J E Evans

Registrar

K

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 15 3 29 PM '83

State of Idaho } ss.
County of _____

Certificate No. 103874
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Floris Hattie Mink (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 24, 1922 (Date of Event)

in Mountain Home (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's first name	Floris	Florace

Subscribed and sworn to before me this 15th day of June, 1983

Notary Public, Florence Courtright

Residing at Boise

My commission expires 4-20-86

(Seal)

Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Florence Petersen
Supporting Signature

Street Address, City, State

in office 6-15-83

Bible record issued by family, obviously old gives name as Florace Hattie Mink born June 24, 1922, to William L. F. Mink and Gladys V. Mink.
Viewed by V.S.

Public School Diploma gives name as Florace Mink, graduated May 20, 1936, from Dist. # 35, Gooding, Idaho. Sadie Keil, Supt. of Schools in Gooding County. E. J. Parr Chairman of School Board.
Viewedby V.S.

455-209-020-499

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. ..... St.

Hospital .....

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 103878

Primary Registration District No. 2020 Registered No. 19

FULL NAME OF CHILD Irene Mendiola MENDIOLA

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 5 (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Domingo Mendiola	FULL MAIDEN NAME	Thomasa Uriona
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Evans

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed 6-1- 1922 T. E. Evans

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Aug 27 1922 - 101142

110T

RECE[illegible]
SEP [illegible]
BUREAU [illegible]

STATE O[illegible]
DEPARTMENT [illegible]

Boise, Idaho, [illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: M.T.A. Home

Place of Birth — Street: .....

Place of Birth — County: Elmore

File Number: 103878

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: May 9th 1922

Father: Domingo Mendiola (Full Name)

Mother: Thomasa Urioa (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Irene Mendiola
Child's Name in Full

Domingo Mendiola
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

not

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Fremont

RECEIVED SEP 1922 BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103870

City of

No. Registration District No. File No.

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Thomas Harold Hancock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	8-1-22

What bactericidal solution was used in eyes? 10% Argyrol Sol.

Number of child of this mother, including present birth 6 — Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Ether Thos. Hancock	FULL MAIDEN NAME	Eva Christensen Hancock
RESIDENCE	Marysville Ida	RESIDENCE	Marysville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Section Hand	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) CCM Eacham
Phys
(Physician or midwife)

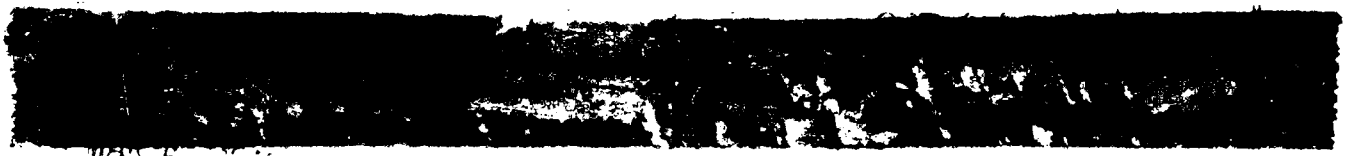
Address Ashton Idaho

Filed 8-2-1922, CCM Eacham
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.


MAR 6 1942

965-107-022-695

PLACE OF BIRTH

RECEIVED SEP 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103880

County of Fremont

City of

No. St.

Registration District No. 102 File No.

Hospital Primary Registration District No. 6 Registered No. 125

FULL NAME OF CHILD Douglas E. Bonnerw

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	8-7-1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elmer Bonnerw	FULL MAIDEN NAME	Pearl Free Bonnerw.
RESIDENCE	Ashton, Ida	RESIDENCE	Ashton, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Painter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A C Meacham Phys

(Physician or midwife)

Address Ashton Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 8-8- 1922 A C Meacham

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

572-213-022-319

PLACE OF BIRTH

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103881

County of Fremont

City of

No. St.

Registration District No. 10-2 File No. 1

Hospital Primary Registration District No. 6 Registered No. 136

FULL NAME OF CHILD June Egbert.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes.	8-13-1922

What bactericidal solution was used in eyes? 10% Argyrol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Mont Egbert.	FULL MAIDEN NAME	Myrtle Carter Egbert.
RESIDENCE	Warm River, Idaho.	RESIDENCE	Warm River, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Graham M.D.
(Physician or midwife)

Address Ashton, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 8-13-1922 C. E. Meacham
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1941

249-222-023-865

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STA[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 1 1922

BUREAU OF VITAL STATISTICS

County of Gem

City of Emmett

Registration District No. 6

File No. 103882

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Wanda Leona Smith

Sex of Child female | Twin Triplet or other? — and Number in order of birth One (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 7-22-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elisha Smith	FULL MAIDEN NAME	Mattie Horne
RESIDENCE	Emmett Ida	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	82 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mont.
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton Oflark

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Emmett Ida

Registrar

Filed 8, 17 1922 [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

NOV 19 1956

JUL 1 1958

249-222-023-869

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of

Registration District No. 6 File No. 103883

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Juanita Ellen Smith

Sex of Child female | Twin Triplet or other? — and Number in order of birth Two (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 7-22-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elisha Smith	FULL MAIDEN NAME	Mattie Horine
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Mont.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O. Clark

(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett Ida

Registrar

Filed 8/4 1922

J. L. Reynolds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 19 1956

129-121-023-165

PLACE OF BIRTH

RECEIVED
AUG 18 1922
BUREAU OF VITAL STATISTICS

County of Ems

City of Montour

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 6

File No. 103884

Primary Registration District No. _____

Registered No. _____

Full Name of Child Winfield, Thomas Abraham

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	July 21 1922

	FATHER	MOTHER
FULL NAME	George Winfield	Mary Jane Jones
RESIDENCE	Montour Ida	Montour
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Colorado	Missouri
OCCUPATION	R.R. Section hand	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. G. Bird M.D.

(Physician or midwife)

Address Emmett, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 7/24 1922 F. L. Reynolds

Registrar

WRITE PLAINLY WITH PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-2071023-735

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Sweet

RECEIVED
AUG 18 1922
BUREAU OF VITAL STATISTICS

Registration District No. 6

File No. 103885

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

Full Name of Child Driscoll Ada May

SEX OF CHILD: Fe	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Aug 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Driscoll	FULL MAIDEN NAME	Lottie Glenn
RESIDENCE	Sweet	RESIDENCE	Sweet
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Rancher & Well digger	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 ..... Number of children of this mother now living, including present birth 4 .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Emmett Idaho

Filed 8/18 1922 J. L. Reynolds Registrar

K

at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 6 1941

381. 109. 823-434

PLACE OF BIRTH

County of Ada RECEIVED

City of Vicinity of Emmett AUG 18 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. .....

File No. 103886

Hospital ..... Primary Registration District No. .....

Registered No. .....

Full Name of Child Chase, Arthur Milton

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			Yes	Aug. 9 1922

FATHER

FULL NAME: Henry Chase

RESIDENCE: Emmett Idaho

COLOR: W AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Thelma McMillan

RESIDENCE: Emmett

COLOR: W AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Reynolds M.D.

(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8/10 1922 J. L. Reynolds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS

MAY 29 1942

SEP 15 1942

994-112-023-464

PLACE OF BIRTH

RECEIVED
AUG 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6 File No. 103887

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Elven Ella Zimmerman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	8 12 1922

What bactericidal solution was used in eyes? Ag no 3 1%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ola V Zimmerman	FULL MAIDEN NAME	Elsie Fern Moulton
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Smith Co. Kans	BIRTHPLACE	Emmett Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R A Cummings
(Physician or midwife)

Address Emmett

Filed 8/15 1922 J K Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—FILL IN ALL BLANKS

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Emmett
- Street: .....
- County: Tom

File Number: 103887

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Aug. 12 1922

Father: [illegible] Zimmerman
Full Name

Mother: Elsie Fern Moulton
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Elven [illegible]
Child's Name in Full

[illegible] Zimmerman
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

292-215-023-753

PLACE OF BIRTH

RECEIVED AUG 1 [illegible] BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. ..... St.

Registration District No. 6

File No. 103888

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Ruth Frances Kiser
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	8 15 1922

What bactericidal solution was used in eyes? Ag no 3 1%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Glenn W Kiser	FULL MAIDEN NAME	Mary Frances Peters
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 50 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings
(Physician or midwife)

Address Emmett

Filed 8/15 1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

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Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT [illegible]

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

219-205-023-689

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. ..... St.

Registration District No. 4

File No. 103889

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	8 5 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Geo W. Barigar	FULL MAIDEN NAME	Anna Whiteaker
RESIDENCE	Emmett Ida	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address .....

Filed 8/15 1922 J L Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK ... N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-209-023-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 18 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Emmett

No. ..... Registration District No. 6 File No. 103890

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Myrna Faye Norwood
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	8 9 1922

What bactericidal solution was used in eyes? Argno 3 1%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Frank E Norwood	FULL MAIDEN NAME Vivian Walker
RESIDENCE Emmett Ida	RESIDENCE Emmett Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Madera Calif.	BIRTHPLACE Provo Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 05 a **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) R N Cummings
(Physician or midwife)

Address Emmett Ida

Filed 8/15 1922 J. L. Reynolds Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...ERAL REASONS WHY A CERTIFICATE OF BIRTH ...
... THE SAME COMPLETED WITH ...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

File Number: 103890

Street:

Registration Dist. No.:

County:

Sex of Child: Female

Date of Birth: Aug. 9th 192[illegible]

Father: Jack Howard (Full Name)

Mother: [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Nyoma Faye Howard

Child's Name in Full

[illegible] Howard

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

695-222-023365

PLACE OF BIRTH

RECEIVED
AUG 18 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

Registration District No. 6

File No. 103891

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ella Beryl Fresh

Sex of Child Female

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth 7 (Month) / 22 (Day) 1922 (Year)

FATHER

FULL NAME Joseph Earl Fresh

RESIDENCE Saw Mill Labor Emmett

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION Saw Mill Labor

MOTHER

FULL MAIDEN NAME Viola Vera Conklin

RESIDENCE Emmett Ada

COLOR White

AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Colorado

OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6-15a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

(Physician or midwife)

Address Emmett Ada

Given names added from a supplemental report. .....19.....

Registrar

Filed 7/25/1922

J L Reynolds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
SEP 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

SEP - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

Street: East Maine

County: Gem

File Number: 103891

Registration Dist. No.:

Sex of Child: Female

Date of Birth: July 22 1922

Father: Joe Earl Fresh (Full Name)

Mother: Viola Vera Conklin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ella Beryl Fresh
Child's Name in Full

Viola V. Fresh
Signature of Father or Mother

MAY 14 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

363-22-023-394

PLACE OF BIRTH

RECEIVED
AUG 18 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Emmett

Registration District No. 6

File No. 103892

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Margaret Cockrill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 21 1922

FATHER	MOTHER
FULL NAME Floyd Booker Cockrill	FULL MAIDEN NAME Anna Margaret Timm
RESIDENCE Emmett	RESIDENCE Emmett Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Ida.
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 9. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Emmett

Filed 7/22 1922 J. L. Reynolds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dup of 22-103439

365 · 113 · 008 - 291

[redacted] m V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 15 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

103893

County of Payne

City of Pearl

Registration District No. 6 File No.

No. St.

Hospital

Primary Registration District No. Registered No.

FULL NAME OF CHILD Glenn Bramblee Fontes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	8 / 13 / 1922

FATHER		MOTHER	
FULL NAME	Rufus R. Fontes	FULL MAIDEN NAME	Mable Bramblee
RESIDENCE	Pearl	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Pearl
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4-50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Emmett

Filed 8/13/ 1922 J. L. Reynolds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

853-225-023-814

RECEIVED
AUG 1 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 6 File No. 103894

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Anna Bell ~~Heatherington~~ ANNABELL HETHERINGTON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7 (Month) 25 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Almon LeRoy Heatherington HETHERINGTON	FULL MAIDEN NAME	Grace Irene Hammock
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Oregon
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10-30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds
Emmett
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Emmett

Filed 7/25 1922 J L Reynolds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 103894

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Anna Bell Heatherington (Name on Original Certificate) who born (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Heatherington	Hetherington
Name	Anna Bell	Annabell

Subscribed and sworn to before me this 27th
day of May, 1942

Notary Public, residing at Emmett, Idaho

My commission expires Feb. 7th 1943
(Seal)

Signed Mrs A. P. Hetherington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Emmett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 29 1942

JUN 2 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

413-108-023-414

County of Gem

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED 1922 VITAL STATISTICS

City of Emmett

Registration District No. ____ File No. 103895

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Joseph Ariel Malmstrom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 8th 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eldridge Ariel Malmstrom	Rinda Dell Maughan
RESIDENCE	Emmett Ida	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

____ 19____

Registrar

Filed 8/25 1922 J L Reynolds Registrar

[redacted]

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
T OF PUBLIC WELFARE
OF VITAL STATISTICS

County of [illegible] AUG 15 1922 CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

City of Emmett Registration District No. 4 File No. 103896

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Harvey Leroy Copey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes	7-11-1922

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leroy S Copey	Ruby M Park
RESIDENCE	Emmett	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	20
BIRTHPLACE	Ore.	Oklahoma
OCCUPATION	Laborer	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton A Clark M.D.
(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.
Correction made by telephone Autharization from Dr. Clark. May 25, 1942. L.B.
Registrar.

Filed 8/16 1942 J. L. Reynolds
Registrar.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1942

AUG 1 2 1987

5-32-121-023-199

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103897

County of Gem

City of Emmett

Registration District No. 6

File No.

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Paul Frederick Elsberry

Sex of Child Male | Twin Triplet or other? — | and | Number in order of birth — | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 7-21-22 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest W Elsberry	FULL MAIDEN NAME	Goldie B Azzt
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O Clarke MD

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report. ..... 19.....

Filed 8/18 1922

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

Street: .....

County: Ada

File Number: 103897

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 21 1922

Father: Ernest W. Woodbury (Full Name)

Mother: Goldie B. Wright (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Paul Ernest Woodbury

Child's Name in Full

Ernest W. Woodbury

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

651-2041024-392

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [redacted]

CERTIFICATE OF BIRTH

103898

County of Gooding

City of Gooding

[redacted] District No. 24 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Ila Yvonne Weatherford

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	July 4 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Weatherford	FULL MAIDEN NAME	Anna Tibbetts
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb
Rev A. Z
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Gooding

Filed 8-14 1922

F. T. Carey M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding Idaho

Street:

County: Gooding

File Number: 103898

Registration Dist. No.:

Sex of Child: Female

Date of Birth: July 4 1922

Father: Fred R. Heatherford (Full Name)

Mother: Anna E. Tibbetts (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ila Yvonne

Child's Name in Full

Mrs. Fred Heatherford

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

MAR 24 1942

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

434-208-024-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103899

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

County of Gooding

City of Hagerman — Registration District No. 24

No. ..... St. — File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Vera Lavee McMillan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl		Yes	June 8 1922

What bacterieidal solution was used in eyes? 1:90 Sol Silvol

Number of child of this mother, including present birth 1 — Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Donald Rose McMillan	FULL MAIDEN NAME	Sarah Ella Miller
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Wyoming
OCCUPATION		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:20 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.
(Physician or midwife)

Address Gooding

Filed 8-14 1922 F. F. Camp M.D.
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

699-123-024-168

PLACE OF BIRTH

County of Twin Falls

City of Bliss Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

RECEIVED SEP 10[illegible]

Registration District No. 24

File No. 103900

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Orville Ray Finkins

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Single (To be answered only in event of plural births)	1	yes	July 23 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Orville Finkins	FULL MAIDEN NAME	Rosella Johnson
RESIDENCE	Near Bliss Idaho	RESIDENCE	Near Bliss Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive) on the date above stated. July 23 1922 at 5:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.

Physician

(Physician or Midwife)

Address Glenns Ferry Idaho

Given name added from a supplemental report

....., 19.....

Registrar

Filed 8-14 1922

F V Haynes

Registrar

B-Y CO., 16668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

799 - 109-024-297

PLACE OF BIRTH

RECEIVED SEP 1 1927 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103901

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 24 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dale Layton Prince
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		yes	June 9 1922

What bacteriocidal solution was used in eyes? 10 % Sol. Silvol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William R. Prince Jr.	FULL MAIDEN NAME	Mary Evaline Sprowl
RESIDENCE	Gooding	RESIDENCE	gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:25 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. H. Cromwell M. D.
(Physician or midwife)

Address Gooding

Filed 8-14 1922 F. Clapp
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 28 1949

JAN 28 1960

SEP 24 1969

[redacted]

165-204-024-243

Form V. S. No. 11-C—25m-7-21-19

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gooding

City of Gooding

No. R F D St.

Hospital

Registration District No. 24 File No. 103902

Primary Registration District No. Registered No.

FULL NAME OF CHILD Esther Isabel Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 4 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl E Jones	FULL MAIDEN NAME	Maud Bullock
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L W Carym D

(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report.

19

Registrar

Filed 7-4- 1922

F. F. Carym D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 17 1973

155213.024-296

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103903

County of Gooding

City of Gooding

No. R 7D St.

Registration District No. 24

File No.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Edna Edevene Jenkins

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July 13 19 22 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME George E Jenkins	FULL MAIDEN NAME Rosella Brown
RESIDENCE Gooding Ida	RESIDENCE Gooding Ida
COLOR White	AGE AT LAST BIRTHDAY 43 (Years)
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Campbell
(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report.

19

Registrar

Filed 7-13-19 22

F. W. Campbell
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1962

DECEASED

258-205-024-195

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103904

County of Gooding

City of Gooding

No. ____ St.

Registration District No. 24

File No. ____

Hospital ____

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD Margaret Edna Snyder
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 5 1922

What bacteriocidal solution was used in eyes? 10% Solution

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Fred W Snyder	Alice E Krebs
RESIDENCE	Gooding Ida.	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	27
BIRTHPLACE	Kansas	Michigan
OCCUPATION	Laborer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M D

(Physician or midwife)

Address Gooding Ida

Filed 8-14 1922 F F Caynor

Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASONS WHY A CERTIFICAT
WILD AND T[illegible] CO[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Street: 3rd & Colorado

County: Gooding

File Number: 103904

Registration Dist. No.:

Date of Birth: July 5 1922

Sex of Child: Female

Father: Fred W. Snyder (Full Name)

Mother: Alice E. Snyder (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margaret Edna Snyder (Child's Name in Full)

F. W. Snyder (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

964-104-025-4

[redacted] OF BIRTH

AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

103905

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 50

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lawrence Earl Romig

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	7 (Month) 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Robert Roy Romig	FULL MAIDEN NAME	Beatrice A. Dunsmore
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Independence Iowa	BIRTHPLACE	Carrol Iowa
OCCUPATION	Cement worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Cottonwood Ida.

Filed July 31 1922 W. F. Ord

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted]

NOV 1 1974

795-19-025-866

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Idaho

RECEIVED AUG 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Cottonwood

Registration District No. 105 File No. 103806

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Claudius Richard Eier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 19 1922

FATHER		MOTHER	
FULL NAME	Leo E Eier	FULL MAIDEN NAME	Lois I. Hoffer
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 a M.
(Born alive or stillborn)
on the date above stated.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood Ida.

Filed July 31 1922 W F. Orr
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

FEB 4 1942

JUL 2 5 1975

238-211-025-995

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

RECEIVED AUG 17 BUREAU OF VITAL STATISTICS

Registration District No. 105

File No. 10307

No. ____ St. ____

Primary Registration District No. 2183

Registered No. ____

Hospital ____

FULL NAME OF CHILD Lucile Schmidt.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	July 11 1922

FATHER		MOTHER	
FULL NAME	Joseph Schmidt	FULL MAIDEN NAME	Theresa Riemer
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho.	BIRTHPLACE	Kans.
OCCUPATION	Farmer	OCCUPATION	Farm wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr

(Physician or midwife)

Address Cottonwood Ida.

Given names added from a supplemental report. ____ 19____

Filed July 21 1922 W F Orr Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1972

217-11-9-025 945

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103908

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 47

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Raymond Earl Sager

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes.	July	19	1922

FATHER

FULL NAME: James Sager

RESIDENCE: Cottonwood

COLOR: W. AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Manager Lumber yard

MOTHER

FULL MAIDEN NAME: Jessie Runyon

RESIDENCE: Cottonwood

COLOR: W. AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Neb.

OCCUPATION: House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood Idaho.

Filed July 21 1922 W F. Orr Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1942

415-22 [redacted] 955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont

Registration District No. 105 File No. 103909

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Bessie Lilian Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. S. Davis	FULL MAIDEN NAME	Alma Rees
RESIDENCE	Craigmont ~~Westlake~~	RESIDENCE	~~W~~ Craigmont
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Cottonwood Idaho

Filed July 31 1922 W. F. Orr Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 29 1968

756-218-025-173

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

103911

County of Idaho

City of Stites

Registration District No. 106

File No.

No. St.

Primary Registration District No. 2184

Registered No. 27

Hospital

FULL NAME OF CHILD Naomi George

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Milton George	FULL MAIDEN NAME	Hattie Axley
RESIDENCE	Stites Idaho	RESIDENCE	Stites Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeekmoes

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Kooskia Idaho

19

Filed Aug 1 1922 J. M. Verbeekmoes

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

712-229.025-285

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Registration District No. 106 File No. 103912

Hospital ..... Primary Registration District No. 2184 Registered No. 26

FULL NAME OF CHILD Virginia Ethel Pablo
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	July 29 1922

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Samuel Pablo	FULL MAIDEN NAME	Christine Sherwood
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Tailor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 17 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.M. Verberkmoes
Physician
(Physician or midwife)

Address Kooskia - Idaho

Filed Aug 1 1922 J.M. Verberkmoes
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP 22 1924

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
SEP 24 1924
BUREAU OF VITAL STATISTICS

Place of Birth — City: Kamiah

Street:

County: Idaho

File Number: 103912

Registration Dist. No.:

Date of Birth: July 27 1924

Sex of Child: Female

Father: Mr. Lauren Rawls (Full Name)

Mother: Mrs. Christine Rawls (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Virginia Ethel Rawls
Child's Name in Full

Mrs. Christine Rawls
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

43-219-025-347

Amended 9/24/75

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 103913
Local Reg. No.
Reg. Dist. No. 106

1. PLACE OF BIRTH

a. COUNTY: Idaho

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Stites

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Idaho

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Stites

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Elouise b. (Middle): Maxine c. (Last): McMillan

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): July 19, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Truman b. (Middle): S. c. (Last): McMillan

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Iowa

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Rosie b. (Middle): c. (Last): Tupper

13. AGE (At time of this birth): 35 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Kansas

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 6

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. W. Wentworth, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Stites, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Aug. 1, 1922

22. REGISTRAR'S SIGNATURE: J. M. Verberkmoes

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS ____ OZS.

TIME: 8:30 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
SEP 10 11 59 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 103913

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Maxine Eloise McMillan (Name on Original Certificate) who was born (Was Born or Died) on July 19, 1922 (Date of Event)
in Stites, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Maxine Eloise McMillan	Elouise Maxine McMillan

Subscribed and sworn to before me this 12 day of
Sept, 19 75

Notary Public, residing at .....
My commission expires 7-14-76
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 8/4/75 nm

XXXXXX

Insurance policy from the Metropolitan Ins. Co. gives name as XXXXXX Elouise M. Clark. dated April 1, 1939. born July 19, 1922. viewed by X V. S.

Diploma from Centralia Public Schools gives name as Elouise Maxine McMillan. dated June 4, 1937. viewed by V. S. from Centrailia, Washington.

356-205-025-219

PLACE OF BIRTH

RECEIVED
AUG 1[illegible] 1922
BUREAU [illegible]
STATE [illegible]

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of .....

No. ..... St.

Hospital .....

Registration District No. 106

File No. 103914

Primary Registration District No. 2184

Registered No. 24

FULL NAME OF CHILD Selma Mae Leonard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr 5th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Pasco Leonard	FULL MAIDEN NAME	Sadie Catherine Barton
RESIDENCE	Near Stites	RESIDENCE	Near Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Indian Territory	BIRTHPLACE	Arkansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Stites Idaho

Filed Aug 1 1922 J. M. Weber Kimmel

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-121-025395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103915

County of Idaho

City of Kooskia

Registration District No. 106 File No.

No. St.

Primary Registration District No. 21.84 Registered No. 28

Hospital

FULL NAME OF CHILD Homer Neal Warren

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	July 21 1922

FATHER		MOTHER	
FULL NAME	Harry Warren	FULL MAIDEN NAME	Myrtle May Crosier
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Cherry City Idaho	BIRTHPLACE	Idaho
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeckmoes, Physician

(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Aug. 1 1922 J. M. Verbeckmoes

Registrar

APR 20 1942.

419-110-025-386

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103916

County of Idaho

City of Grangeville

No. ____ St.

Registration District No. 163 File No. ____

Hospital ____ Primary Registration District No. 2181 Registered No. 32

FULL NAME OF CHILD Chester Ellis Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	July 10 1922

What bactericidal solution was used in eyes? 10% Sol Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Donald L Martin	FULL MAIDEN NAME	Vessal L Thompson
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	California	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) G S Stockton
(Physician or midwife)

Address Grangeville Ida

Filed Aug 1 1922 G S Stockton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 2 1942

258-203-025-449

PLACE OF BIRTH

RECEIVED
SEP - 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103917

County of Idaho

City of Grangeville

No. ..... St. ..... Registration District No. 103 File No. .....

Hospital ..... Primary Registration District No. 1001 Registered No. 34

FULL NAME OF CHILD Mary Theresa Snyder
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Aug 3 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James O Snyder	FULL MAIDEN NAME	Artie Murphy
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wisconsin	BIRTHPLACE	N. Carolina
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), **at** 7 a. **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) G S Stockton
(Physician or midwife)

Address Grangeville Ida

Filed Sept 1 1922 G S Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819.227.025 284

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103918

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. .....

Primary Registration District No. 1001 Registered No. 38

FULL NAME OF CHILD Namoa Marie Hazelbaker

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July (Month) 27 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Elmer Bertrand Hazelbaker	FULL MAIDEN NAME	Myrtle Irene Squibb
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	South West City Mo	BIRTHPLACE	Charter Oak Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Chipman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Grangeville Ida

Filed Sept 1 1922 S. Stockton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 29 1968

519-204-025-485

Amended 2-18-77

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103919

County of Idaho

City of Grangeville

Registration District No. 103 File No.

No. St.

Primary Registration District No. 2181 Registered No. 37

Hospital

FULL NAME OF CHILD Marjorie Lee Earp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	Aug.	4	1922

	FATHER	MOTHER
FULL NAME	Lemo Earp	Nelly Frances Myers
RESIDENCE	Grangeville Ida.	Grangeville Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	Idaho Co. Idaho	Hartford Wash
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 1. A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Chipman

Physician

(Physician or midwife)

Address Grangeville Ida

Filed Sept 1, 1922 E. E. Stockton

Registrar

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 10 11 00 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Nez Perce }

Certificate No. 103919

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Margery Lee Earp (Name on Original Certificate) who was born (Was Born or Died) on Aug. 3, 1922 (Date of Event)
in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Margery Lee Earp	Marjorie Lee Earp
birthdate	Aug 3, 1922	August 4, 1922

Subscribed and sworn to before me this 8 day of July 19 74

Betty Geisel
Notary Public, residing at Lewiston Idaho
My commission expires 9-3-77
(Seal)

Signed Mrs Nellie Earp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

West 614 South First, Grangeville, Id
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of July 19 74

Betty Geisel
Notary Public, residing at Lewiston, Idaho
My commission expires 9-3-77
(Seal)

Signed Emmett E. Earp
(Signature of Any Credible Person)

1425 Highland Clarkston, WA 99403
(Street Address, City, State)

K FORM DH 60-155

CL 5/22/74 lcc pd.rec. # 8186.

Statement by Emm E. Earp, Aunt of Marjorie Lee Earp. stat s born on Aug. 4, 1922 at Grangeville, Idaho. viewed by V. S.

School Record issued by the Permanent Final High School Record of the Grangeville Public Schools gives name as Marjorie Lee Earp born August 4, 1922, in Grangeville, Idaho. School Record issued Feb. 2, 1977 Verified copy for original which was issued School Year of 1936 -1937
Viewed by V.S

FEB 19 1976

745-209.025619

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED SEP 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103 File No. 103920

No. ..... St.

Primary Registration District No. 1001 Registered No. 36

Hospital .....

FULL NAME OF CHILD Opal Eloise Gunter

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 8 (Month) - 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	E Isiah Gunter	FULL MAIDEN NAME	Beatrice Opal Farris
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Carroll Co. Mo.	BIRTHPLACE	Harpster Idaho
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Chapman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Grangeville Ida

Filed Sept 1 1922 G S Stockton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 8 1966

413-111-025-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103921

County of Idaho

City of Grangeville

No. ..... St.

Registration District No. 103 File No. .....

Hospital ..... Primary Registration District No. 1001 Registered No. 35

FULL NAME OF CHILD James Ewin Mattox
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Aug 11 1922

What bactericidal solution was used in eyes? 1% Sol Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ewin E Mattox	FULL MAIDEN NAME	Ellen E Johnson
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Arkansas	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3, a. 1 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) G S Stocklin
(Physician or midwife)

Address Grangeville Ida

Filed Sept 1 1922 G S Stocklin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1 1968

SEP 1 5 1942

234-127-025-969

PLACE OF BIRTH

RECEIVED
SEP 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ____ St.

Registration District No. 103 File No. 103922

Hospital ____ Primary Registration District No. 2181 Registered No. 33

FULL NAME OF CHILD Harry Mike Struivenga

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Aug 27 1922

What bactericidal solution was used in eyes? 1% Sol Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Mike Struivenga	FULL MAIDEN NAME	Cornelia C Roisk
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) G S Stricklan

(Physician or midwife)

Address Grangeville Ida

Filed Sept 1 1922 G S Stricklan

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 9 1942

OCT 24 1946

893-/20'-026-2

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103923

County of Jefferson

City of Labelle

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 222

Hospital

FULL NAME OF CHILD Forrest William Hecks

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	7-20 22

FATHER		MOTHER	
FULL NAME	Geo Heck	FULL MAIDEN NAME	Sarah Bowen
RESIDENCE	Labelle	RESIDENCE	Labelle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

(Signature) Ray H. Fisher
(Physician or midwife)

Address Rugby

Filed 8-10 1922 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP - 9 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 103923

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child ..... Male .....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

JAN 3 0 1973

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

493-216-226-755

Amended 9-19-63

(Be sure the information is complete and accurate)

State File No. 103924
Local Reg. No. 227
Reg. Dist. No. 98

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Jefferson

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grant

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Jefferson

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grant

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Arzula b. (Middle): Deltha c. (Last): Miller

4. SEX: F.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): 7 - 16 - 1922

FATHER OF CHILD

7. FULL NAME a. (First): Henry b. (Middle): c. (Last): Miller

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 35 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Caroline b. (Middle): c. (Last): Gneiting

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Ray H. Fisher

18c. ADDRESS: Rigby, Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 8/10/22

20. REGISTRAR'S SIGNATURE: Ray H. Fisher

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

idence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

RECEIVED
MAR 12 1963
Bureau of Vital Statistics

Certificate No. 10392h

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Miller (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 16, 1922 (Date of Event) Menan in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Arzula Deltha Miller
Full Maiden Name of Mother	Caroline Greiting	Caroline Gneiting

Subscribed and sworn to before me this 8th day of March, 1963.

Notary Public, residing at Menan, Idaho
My commission expires January 26, 1966
(Seal)

Signed Caroline Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1, Lorenzo, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March, 1963.

Notary Public, residing at Menan, Idaho
My commission expires January 26, 1966
(Seal)

Signed Mrs Kathryn Dale
(Signature of Any Credible Person)

Menan, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 2-13-63. one copy pd. rec. #00594.

Another Child's Birth Cert. on file: (Idaho Birth) #38845 gives full maiden name of mother as Caroline Gneiting - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, Aug. 5, 1923 gives full name as Elden James Miller, son of Henry E. Miller and Caroline Gneiting, born Sept. 4, 1914 at Garfield, Idaho - viewed by V.S. (This doc. accepted to correct mother's maiden name.)

Cert. Copy of Own Child's Birth Cert., State of California, child born July 19, 1947 at Salenas, California to James Wendell Ellis, age 28, born in Idaho and Arzula Deltha Miller, age 25, born in Idaho - cert. copy issued Aug. 31, 1950 ~~gi~~viewed by V.S.

L.D.S. Church Cert. of Blessing, Oct. 1, 1922 gives full name as Arzula Deltha Miller, daughter of Henry Edwin Miller and Caroline Gneiting, born July 16, 1922 at Menan, Idaho - viewed by V.S.

753-210-026-363

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED AUG 21 1922 BUREAU OF VITAL STATISTICS

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 103925

Primary Registration District No. 2176 Registered No. 228

FULL NAME OF CHILD Dorothy Peterson

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 8-10-22 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jos H. Peterson	FULL MAIDEN NAME	Leah E. Talley
RESIDENCE	Rigby	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rigby

Filed 8/10 1922 Ray H. Fisher

Registrar. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]

DEPARTMENT OF PUBLIC [illegible] RE

STATE O[illegible]DAHO

DEPARTMENT OF [illegible]IC WEL[illegible]

SEP - 9 1922

HILD.

Boise, Idaho ..... 192...

baby was not filled in on the birth certificate sent to this office. It is of vital import-
me included in the record. Kindly fill in the information requested in the blank below
your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

ntage

d has
irth.

---

gby

File Number 103925

fferson

Registration Dist. No. School [illegible] 5

nale

Date of Birth August 10th 1922

h H. Petersen

ll Name

Mother Leah E. Tolley

Full Maiden Name

e com-
is im-
STATIS-

the child described herein has been named:

y Petersen

Child's Name in Full

Leah E. Petersen

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF C

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, pare
and legitimacy.

It enables the Public Health Nurse to make sure the chil
been protected from danger of blindness and other infections at b

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men ar
pelled to furnish certified copies of certificates of birth, it
portant that the certificates be filed with the BUREAU OF VITAL
TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

312-111-026-203

PLACE OF BIRTH
name amend 12-28-83 dl

RECEIVED
AUG 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-20-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 103926

Primary Registration District No. 2176 Registered No. 226

Hospital ..... Boyd Ballantyne Lake

FULL NAME OF CHILD Frankelin Ballantyne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M			yes	7	11	22

FATHER

FULL NAME Frank Lake

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Arizona

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Frances Ballantyne

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Idaho

OCCUPATION At home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Filed 8/10 19 22 Ray H Fisher Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-4-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 103926
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Franklin Ballentyne Lake (Name on Original Certificate) who was bor (Was Born, Died, etc.) on July 11, 1922 (Date of Event)

in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Franklin Ballentyne Lake	Boyd Ballantyne Lake

Subscribed and sworn to before me this 8th day of December, 1983

Notary Public, Colleen Abate
Residing at Clearfield, Ut.
My commission expires 5-24-86
(Seal)

x Boyd B. Lake
Signature of Applicant

x 1030 So 1350 W Clearfield Ut.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Icc credit

Certificate of Baptism from LDS Church gives Boyd Ballantyne Lake born July 11, 1922 in Rigby to B. F. Lake and Frances Ballantyne was baptised Nov 2, 1930. Viewed by V.S.

DEC 28 1983

Military Record gives Boyd B Lake born July 11, 1922 in Rigby was honorably discharged from U.S. Armed Forces Nov 14, 1945. Viewed by V.S.

719-101-026-295

Amended 3-15-63

(Be sure the information is complete and accurate)

State File No. 103927
Local Reg. No. 225
Reg. Dist. No. 98

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Annis
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Annis
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Kieth
b. (Middle):
c. (Last): Park

4. SEX: M.
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH: (Month) Aug. (Day) 1, (Year) 1922

FATHER OF CHILD

7. FULL NAME: a. (First) Joseph; b. (Middle); c. (Last) Park
8. COLOR OR RACE: W.
9. AGE (At time of this birth): 24 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Idaho
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Elva; b. (Middle) L.; c. (Last) Kington
13. COLOR OR RACE: W.
14. AGE (At time of this birth): 19 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Idaho
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0
17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Ray H. Fisher
18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Rigby, Ida.
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Aug. 10, 1922
20. REGISTRAR'S SIGNATURE: Ray H. Fisher
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

...dence to DIVISION OF VITAL STATISTICS, BOYSE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by n cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
MAR 14 1963
Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 103927

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Parks (male child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 1, 1922 (Date of Event)

in Annis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Kieth Park
Full Name of Father	Joe Parks	Joseph Park

Subscribed and sworn to before me this 12th day of March, 1963

R. Rhule Lemardson

~~Notary Public, residing at~~ Clerk of the District Court

~~My commission expires~~ Clark County, Idaho

(Seal)

Signed Mrs Myrtle Lamb
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of March, 1963

R. Rhule Lemardson

~~Notary Public, residing at~~ CLERK OF DISTRICT COURT

~~My commission expires~~ CLARK COUNTY, IDAHO

(Seal)

Signed Leola N. Harmon
(Signature of Any Credible Person)

.....
(Street Address, City, State)

DEPUTY

FORM DH 60-155 L 8-30-61. one copy pd. receipt #743.

Child's Death Cert. on file: #115530 gives father's name as Joseph Park - viewed by V.S.

Another Child's Birth Cert. on file; #119411 gives father's full name as Joseph Park - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #54-8501 gives full name of father as Kieth Park - viewed by V.S.

Social Security Card, #518-18-1219, dated Sept. 22, 1938 gives full name as Kieth Park - viewed by V.S.

818-113-026-236

PLACE OF BIRTH

RECEIVED AUG 21 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—30m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rugby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 103928

Primary Registration District No. 2176 Registered No. 230

FULL NAME OF CHILD Josiah George Haywood

Sex of Child: M

Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 8 (Month) 13 (Day) 22 (Year)

FATHER

FULL NAME: Geo Haywood

RESIDENCE: Rugby

COLOR: W AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: England

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Laura Scott

RESIDENCE: Rugby

COLOR: W AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Idaho

OCCUPATION: at home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

(Signature) Ray H. Fisher
(Physician or midwife)

Address Rugby

Filed 8-13 1922 Ray H. [illegible]

Registrar. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-2041028-744

PLACE OF BIRTH

RECEIVED
AU[redacted]

STATE OF IDAHO
[redacted]TMENT OF PUBLIC WELFARE
[redacted]UREAU OF VITAL STATISTICS

[redacted]RTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida

No. ..... St.

Registration District No. 30

File No. 103929

Hospital .....

Primary Registration District No. 1051

Registered No. 13-52

FULL NAME OF CHILD Della Jean Larson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 4 1922

What bactericidal solution was used in eyes? 1% Tigmol Sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Lawrence M. Larson	FULL MAIDEN NAME	Mary A. Ruddy
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Attorney	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John F. Wood

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Coeur d'Alene, Ida

Filed 8/4 1922 D. W. Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 12 1944

SEP 14 1942

385-207-028-663

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 103930

No. ..... St.

Primary Registration District No. 1051 Registered No. 1353

Hospital .....

FULL NAME OF CHILD Lois Maxine Thexton.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sidney Thexton	FULL MAIDEN NAME	Miss Adeline Colfe.
RESIDENCE	Deer Park. Ida.	RESIDENCE	Deer Park. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33. (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Minn.
OCCUPATION	Foreman Lumber Yard.	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene

Filed 8/4 1922 D. D. Drennan Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253 209. 028669

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

County of Kootenai
City of Coeur d'Alene
No.
Hospital

Registration District No. 30
Primary Registration District No. 1051
File No. 103931
Registered No. 13954

FULL NAME OF CHILD James Kelley.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Y.	June 7 1922

What bactericidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Kelley	FULL MAIDEN NAME	Jenett Fortin
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	~~Mich~~ Iowa.	BIRTHPLACE	Mich.
OCCUPATION	Rancher	OCCUPATION	House Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan
(Physician or midwife)

Address Coeur d'Alene

Filed 8/4 1922 D D Drennan
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-217-028-455

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St. ..... District No. 130 File No. 103932

Hospital ..... Primary Registration District No. 1051 Registered No. 1355

FULL NAME OF CHILD Jeanette Dorothea Luvass
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June (Day) 17 1922 (Year)
Female		yes	

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Peder J. Luvass	FULL MAIDEN NAME	Agnes I. Mevig
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	S. Dak.	BIRTHPLACE	Norway
OCCUPATION	Minister	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer M.
Physician
(Physician or midwife)

Address Coeur d'Alene, Ida.

Filed 8/4 1922 D. W. Drennan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1951

660-215-028-215

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 103933
Local Reg. No.
Reg. Dist. No. 30

Amended 12/26/73

1. PLACE OF BIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): June
b. (Middle): Valere
c. (Last): Wood

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) June (Day) 18, (Year) 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Dan
b. (Middle):
c. (Last): Wood

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Iowa

10. USUAL OCCUPATION: Fireman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Sylvia
b. (Middle):
c. (Last): Banta

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Oregon

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John T. Wood

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Coeur d'Alene,

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 8/4/22

22. REGISTRAR'S SIGNATURE: D. D. Drennan

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

TIME: 12:30 PM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO. Address of the child.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss. Certificate No. 103933

County of Lane } Date Filed

DEC 3 3 40 PM '73

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Valeria June Wood (Name on Original Certificate) who was born (Was Born or Died) on June 18, 1922 (Date of Event)

in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Valeria June Wood	June Valerie Wood

Subscribed and sworn to before me this 23rd day of May, 1973

Notary Public, residing at Eugene Oregon

My commission expires ~~My Commission Expires Oct. 25, 1975~~

(Seal)

Signed Anna Lee Craig

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 465 La Pine, Ore 97739

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Lane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of May, 1973

Notary Public, residing at Eugene Oregon

My commission expires ~~My Commission Expires Oct. 25, 1975~~

(Seal)

Signed Frances Hutchinson

(Signature of Any Credible Person)

Rt 1, Box 125-8 Molalla Ore 97038

(Street Address, City, State)

FORM DH 60-155 CL 2/20/73 nm

Crook County High Schoo, Prineville, Oregon gives name as June V. Braly. Completed lo week course in Bookkeeping. dated March 19, 1953. Viewed by [redacted] V. S.

Certificate of Birth from Bend, Oregon gives child's name as Beck Lee Braly born May 11, 1944. gives father's name as Zelbert Lawerence Braly and the mother's [redacted] name as June Valere Wood. born June 18, 1922. Viewed by V. S.

864-222-028-942

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 901 St. Maries St. Registration District No. 30 File No. 103934

Hospital Reed Primary Registration District No. 1051 Registered No. 1354

FULL NAME OF CHILD Elizabeth Mae Hodge
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	yes	June 22 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Claude Walton Hodge	FULL MAIDEN NAME	Agnes Elizabeth Imberg
RESIDENCE	901 - St. Maries St.	RESIDENCE	901 - St. Maries St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wisc.	BIRTHPLACE	Minn.
OCCUPATION	Mail Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer M.
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Coeur d'Alene, Ida.

Filed 8/5 1922 D. D. Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 15 1944

284-124-028-219

PLACE OF BIRTH

RECEIVED
AUG 1[illegible] 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida

No. ..... St.

Hospital .....

Registration District No. 30 File No. 103935

Primary Registration District No. 1051 Registered No. 13578

FULL NAME OF CHILD Albert Leigh Shutt.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 24 1922

What bactericidal solution was used in eyes? 10% Argyrol Sol.

Number of child of this mother, including present birth 30 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Howard Walbur Shutt	FULL MAIDEN NAME	Margaret Barkhouse
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32.	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Oregon.	BIRTHPLACE	S. Dakota.
OCCUPATION	Printer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John F. Coad
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Coeur d'Alene, Ida.

Filed 8/5 1922 D. D. Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 07 2007

113-128-028-219

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

REC... AUG 17 ... BUREAU ... STA.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 103936

No. ..... St.

Primary Registration District No. 1051 Registered No. 13589

Hospital .....

FULL NAME OF CHILD Thomas Bailey Jackson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth
M.		Yes	Jan. 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas B. Jackson	FULL MAIDEN NAME	Frances R. Bailey
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27. (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Idaho.
OCCUPATION	Housewife.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Wood

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address C. D. W. Ida.

Filed 8/5 1922 D. D. Drennan Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1973

DEC 23 1941

SEP 19 1942

259-102-028455

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103937

County of Kootenai

City of Worley Ida R.1

Registration District No. 30 File No. 160

No. ..... St.

Primary Registration District No. 1031 Registered No. 1359

Hospital .....

FULL NAME OF CHILD Edward John Seidels

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 2nd (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	August Seidels	FULL MAIDEN NAME	Hermine Demmer
RESIDENCE	Worley. Idaho. R.1.	RESIDENCE	Worley. Idaho. R.1.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33.
BIRTHPLACE	Germany.	BIRTHPLACE	Germany.
OCCUPATION	Farmer.	OCCUPATION	House-Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Huntington, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Worley. Idaho.

Filed 8/5 1922 D. D. Dunman
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367104-028245

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eda

No. ..... St.

Hospital .....

Registration District No. 30 File No. 103938

Primary Registration District No. 1057 Registered No. 136

FULL NAME OF CHILD Rudd Copp
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	7-4-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME John Rudd Copp	FULL MAIDEN NAME May Kunze
RESIDENCE St Maries	RESIDENCE St Maries
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Ore	BIRTHPLACE Missouri
OCCUPATION Logger	OCCUPATION None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan
(Physician or ~~midwife~~)

Address Eda

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 8/5 1922 D D Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z REDDECOPP

Dup of 22-328871

433-209-028-652

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Hooley. Ida. R.1

Registration District No. 30

File No. 103939

No. ..... St.

Primary Registration District No. 1031.

Registered No. 13642

Hospital .....

FULL NAME OF CHILD Mary Francis McClure.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July (Month) 9th (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John E. McClure.	FULL MAIDEN NAME	Ona L. Hest.
RESIDENCE	Hooley. Idaho R.1.	RESIDENCE	Hooley. Idaho. R.1.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32.
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer.	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 4.30 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Herrington, M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Hooley. Idaho.

..... 19....

Filed 8/5 1922 D D Drennan Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/23/41. W.H.

295-211-028-391

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida.

Registration District No. 30 File No. 103940

No. ..... St.

Primary Registration District No. 1051 Registered No. 13673

Hospital .....

FULL NAME OF CHILD A Ruby Craig King

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of Birth July 11 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Mr. Fred King	FULL MAIDEN NAME	Luella Craig
RESIDENCE	Coeur d'Alene,	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Montana
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John P. Wood

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene

Filed 8/5 1922

[illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SE[illegible] [illegible] [illegible] [illegible] [illegible]IRTH SHOULD

E FI[illegible]

AUG 9 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON } ss.
County of SPOKANE }

Certificate No. 103940

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for RUBY CRAIG KING (Name on Original Certificate) who WAS BORN (Was Born or Died) on JULY 11, 1922 (Date of Event)
in COEUR d'ALENE, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by INSURANCE POLICY (Bible Record, Insurance Policy, Etc.) prepared on OCTOBER 25, 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Nov. 10	July ~~Nov~~. 11 1922
Name	none given	Ruby Craig King

Subscribed and sworn to before me this 5th day of August, 1944

Notary Public, residing at Spokane Wn

My commission expires May 1 - 1945

(Seal)

Signed Fred J King
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

E. 1738 Glass - Spokane, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of August, 1944

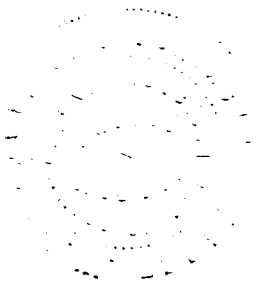
Notary Public, residing at Spokane Wn

My commission expires May 1 - 1945

(Seal)

Signed Mary Alice King
(Signature of Any Credible Person)

E 1738 Glass - Spokane, Wn
(Street Address, City, State)



MAY 20 1957

AUG 11 1944

619-110-028-796

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d' Alene

No. ..... St.

Registration District No. 30 File No. 103941

Hospital ..... Primary Registration District No. 1051 Registered No. 1364

FULL NAME OF CHILD Roy Lawson Wark
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		Yes	July 10 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clyde R. Wark	FULL MAIDEN NAME	Clara Louise Pizzet
RESIDENCE	Coeur d' Alene	RESIDENCE	Coeur d' Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Maryland
OCCUPATION	Box Factory	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer M.D.

Physician
(Physician or midwife)

Address Coeur d' Alene Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 8/5 1922 W. W. Brennan Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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DEC 3 1942

863-212-025 753

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 30 File No. 103942

Primary Registration District No. 1051 Registered No. 1245

FULL NAME OF CHILD Jane Orilia Holman

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month, Day, Year)
Female			yes	July 12 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John S. Holman	FULL MAIDEN NAME	Olga J. Petersen
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Tailor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer, M.D.

Physician

(Physician or midwife)

Address Coeur d'Alene Ida

Filed 8/15 1922 D. D. Drennan Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 0 1973

291-116-088-289

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103943

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 2057 File No. .....

Primary Registration District No. 2051 Registered No. 13686

FULL NAME OF CHILD Richard John Brandvald
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	7/16 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ingvold, Marius Brandvald	FULL MAIDEN NAME	Josephine Theresa Shranek
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wis	BIRTHPLACE	Wis.
OCCUPATION	Labr	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:30 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan M.D.
(Physician or midwife)

Address Coeur d'Alene Idaho

Filed 8/5 1922 D D Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-218-028-236

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum Ida

Registration District No. 30 File No. 103944

No. ..... St.

Primary Registration District No. 1051 Registered No. 13647

Hospital .....

FULL NAME OF CHILD Emma Sarah Grigg

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female				Yes	July 18 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George W. Grigg	FULL MAIDEN NAME	Florence R. Blood
RESIDENCE	Bayview, Ida	RESIDENCE	Bayview Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	N. Dak.
OCCUPATION	timberman	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:00 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Weng

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum, Idaho

Filed 8/5 1922 D. D. Drennan

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1965

217-218-028863

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum Ida

Registration District No. 30 File No. 103945

No. ..... St.

Primary Registration District No. 1057 Registered No. 13678

Hospital .....

FULL NAME OF CHILD Dorothy Mae Sage

Sex of Child female | Twin Triplet or other? \ and Number in order of birth \ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July 18 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugh R. Sage	FULL MAIDEN NAME	Lorraine M. Holler
RESIDENCE	Trout Creek, Mont.	RESIDENCE	Trout Creek, Mont.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	S. Dak.	BIRTHPLACE	Mo.
OCCUPATION	Signalman - V.P. Rwy.	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.00 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Weiss

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum Idaho

Filed 8/5 1922 D D Drennan Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-119 028-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103946

County of Kootenai

City of Coeur d'Alene

No. ..... St. ..... Registration District No. 30 File No. .....

Hospital ..... Primary Registration District No. 1051 Registered No. 13689

FULL NAME OF CHILD ~~Unnamed~~ LOVELL ANDREW TUCKER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	\		\	yes	July 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Sterling A. Tucker	FULL MAIDEN NAME	Cora Frances Scott
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer H.
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 192...

..... Registrar.

Address Coeur d'Alene, Ida.

Filed 8/5 1922 D D Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 103946

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on July 19, 1922 (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lovell Andrew Tucker
Lovell Andrew Tucker		

Subscribed and sworn to before me this 1st day of August, 19 42.

Notary Public, residing at Coeur d'Alene, Idaho

My commission expires Sept. 20, 1945
(Seal)

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D'ALENE, IDAHO
MY COMMISSION EXPIRES SEPT. 20, 1945

Signed Cora Frances Scott-Tucker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hayden Lake, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 13 1942

AUG 4 1942

962-225-228-468

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103947

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 30 File No. 40

Primary Registration District No. 105 Registered No. 1364

FULL NAME OF CHILD Catharine Agnes Robins

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Ye.	July 25th 192[illegible]

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clarence J. Robins	FULL MAIDEN NAME	Catharine Dwyer.
RESIDENCE	Coeur d Alene.	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ark.
OCCUPATION	Cook	OCCUPATION	Home Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, **at** 8:30 A.M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Brennan

(Physician or midwife)

Address Coeur d Alene

Filed 8/5 1922 D. D. Brennan

Registrar.

Give names added from a supplemental report.

....., 19.....

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Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Lincoln

Certificate No. 103947

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Catharine Agnes Robins (Name on Original Certificate) whose form (Was Born or Died) on July 25-1922 (Date of Event) in Cones A Alma Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother's Knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Catharine	Catharine Agnes Robins
Date	July 23rd	July 25, 1922

Subscribed and sworn to before me this 29 day of May, 1942

Notary Public, residing at Eva B Angell

My commission expires 1944
(Seal)

Signed Mrs Catharine B Robins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Lincoln

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed Mrs Vera Robins Nelson
(Signature of Any Credible Person Other Than Previous Year)

Troy Mont.
(Street Address, City, State)

JUN 9 1942

216-131-028-712

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103948

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No.

No. St.

Primary Registration District No. 1051 Registered No. 13784

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	July 31 1922

FATHER		MOTHER	
FULL NAME	Dorsey F. Sawyer.	FULL MAIDEN NAME	Fanny Passmore.
RESIDENCE	Coeur d'Alene	RESIDENCE	Ida
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Sea Penn.
OCCUPATION	Black. Smith.	OCCUPATION	Home wife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) D D Drennan.

(Physician or ~~Midwife~~)

Address Coeur d'Alene

Filed 9/5 1922 D D Drennan Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

951-226-028-212

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of Pleasant View

No. St.

Hospital

Registration District No. 20 File No. 103949

Primary Registration District No. 1051 Registered No. 137 23

FULL NAME OF CHILD ~~Penna~~ PENNA MAY ~~Ivanoff~~ IVANOFF

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) July 26th (Day) 1922 (Year)
Female		Yes	

What bactericidal solution was used in eyes? Argyrol,

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	B. Ivanoff IVANOFF	FULL MAIDEN NAME	Helen Kasaberara,
RESIDENCE	Spokan Bridge	RESIDENCE	Spokan Bridge
COLOR	White AGE AT LAST BIRTHDAY 40 (Years)	COLOR	White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Bulgaria	BIRTHPLACE	Bulgaria
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alve (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

(Physician or midwife)

Address Coeur d'Alene

Filed 8/5 1922 D D Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 27 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 103949
County of Yakima } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Penca Ivenoff (Name on Original Certificate) who born (Was Born or Died) on July 26, 1922 (Date of Event)
in Pleasant View, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by newspaper record (Bible Record, Insurance Policy, Etc.) prepared on July 27, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Ivenoff	Ivanoff
Name	Penca	Penna May
Date	July 28th	July 26, 1922
Place	not given	Pleasant View

Subscribed and sworn to before me this 25
day of November 19 42.

[signature]
Notary Public, residing at Wapato
My commission expires 12/29/44
(Seal)

Signed Helen Churchiff, mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 232, Wapato, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25
day of November 19 42

[signature]
Notary Public, residing at Wapato
My commission expires 12/29/44
(Seal)

Signed [signature]
(Signature of Any Credible Person Other Than Previous Year)

Box 232, Wapato, Washington
(Street Address, City, State)

NOV 30 1942

168-226-028-692

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum Idaho

Registration District No. 30. File No. 103950

No. ..... St.

Primary Registration District No. 1051 Registered No. 18742

Hospital .....

FULL NAME OF CHILD Frankie Hazel Johnson

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles A. Johnson	FULL MAIDEN NAME	Clara H. Fish
RESIDENCE	Garwood - Ida	RESIDENCE	Garwood - Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Venz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum Idaho.

Filed 8/5 1922 D D Drennan Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1949

369/23·028·295

PLACE OF BIRTH

RECEIVED
AUG 17 19[illegible]
BUREAU OF VITAL STATISTICS
STATE [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103951

County of Kootenai

City of Coeur d' Alene

No. ..... St.

Registration District No. 30

File No. .....

Hospital .....

Primary Registration District No. 1051

Registered No. 13701

FULL NAME OF CHILD Robert Donald Foie

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	July 29 1922

What bacteriocidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edwin M. Foie	FULL MAIDEN NAME	Emma Louise Brekken
RESIDENCE	Coeur d' Alene Ida.	RESIDENCE	Coeur d' Alene Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wisc.	BIRTHPLACE	Minn.
OCCUPATION	Lumber grader	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer M.D.

Physician

(Physician or midwife)

Address Coeur d' Alene, Ida.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 8/5 1922 W. D. Drennan

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-1--1

386-22 8-029-185

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

County of Utah

City of Genesee

Amended 3-20-79

Registration District No. 62

File No. 103952

No. ..... St.

Primary Registration District No. 2142

Registered No. 1

Hospital .....

FULL NAME OF CHILD Norma Jean Thomas

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yo	July 28 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank H Thomas	FULL MAIDEN NAME	Clarice May Ayer
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Kansas
OCCUPATION	Teacher	OCCUPATION	Housecape

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Ehrem

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 7-28 1922 W H Ehrem

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 6 12 49 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 103952

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Norma Jean Thomas (Name on Original Certificate) who was born (Was Born or Died) on July 28, 1912 (Date of Event)
in Genesee, Idaho (Latah) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	July 28, 1912	July 28, 1922

Subscribed and sworn to before me this 31 day of January, 19 79
Notary Public, residing at Rigby, Idaho
My commission expires 1 Sept 1981
(Seal)

Signed Clarissa Mae Thomas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1900 So. Blvd — Idaho Falls, Idaho 83401
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of November, 1978
Notary Public, residing at 362 10th
My commission expires Sept
(Seal)

Signed J. William Sullivan
(Signature of Any Credible Person)
875 East 17th I. F. Ida.
(Street Address, City, State)

FORM DH 60-155

CL 11/7/78 2cc pd.

Application for Insurance with the New York Life Co. gives name as Norma Jean Thomas born July 27, 1922, in Idaho Falls, Idaho. Policy # 17 290 602 issued 1943.
Viewed by V.S.

Notorized copy of a page from the family bible gives name as Norma Jean Thomas born July 28, 1922, in Genessee, Idaho, Married to Robert Hugh Frew July 24, 1940. Origina family record obviously old.
Viewed by V.S.

MAR 30 1979

315-131-029-268

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Registration District No. 65 File No. 103953

No. St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD PAUL Louis ~~[illegible]~~ Lande

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	July 31 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lars Lande	FULL MAIDEN NAME	Nickoline Scholt
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Jno. Thompson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Potlatch Idaho

Filed Aug 9th 1922

Dr Jno. Thompson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF
FILED FOR EACH CHILD AND THE SAME COMP

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Potlatch
Street
County Latah

File Number 103953

Registration Dist. No.

Date of Birth July 31 1922

Sex of Child Male

Father Lars Pedersen Lande
Full Name

Mother Nickoline Lande
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Louis Allison Lande
Child's Name in Full

Lars Pedersen Lande
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No.....
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Louis Allison Lande (Name on original certificate) who was born (Was born or died) on July 31, 1922 (Date of event) in Potlatch (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by his sister (Bible record, insurance policy, etc.) xxxxxxxx (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Louis Allison Lande	Paul Louis Lande
Maiden name of mother	Schald	Soholt
name of father	Lars Lunde	Lars Lande

Subscribed and sworn to before me this 31st day of May 19 41

Signed Marie Lande Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Virginia L. Brewer
Notary Public, residing at Boise

1320 N. 8th St. Kuna Idaho
(Street Address, City, State)

My commission expires April 1, 1945
[SEAL]

Supporting Affidavit of a Second Person

State of IDAHO } ss.
County of ADA }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of May 19 41

Signed Alice Lande Baldridge
(Signature of any credible person other than the previous affiant)

Virginia L. Brewer
Notary Public, residing at Boise, Idaho

1207 Jefferson St.
(Street Address, City, State)

My commission expires April 1, 1945
[SEAL]

Received for filing on.....by.....
(Registrar's signature)

c.c. 5/31/41. w.h.

819-204-029-751

~~Form~~ S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65

File No. 103954

No. ..... St.

Primary Registration District No. 2145

Registered No. .....

Hospital .....

FULL NAME OF CHILD Bertha Ellen Hart

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	Aug. (Month) 4th (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claude C. Hart	FULL MAIDEN NAME	Florence Pearson
RESIDENCE	Potlatch (740 Larch)	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Potlatch

Filed Aug 9 1922

Dr. J. W. Thompson
~~Registrar~~

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 105954

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Bertha Ellen Hart (Name on Original Certificate) who born (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Aug. 2, 1922	Aug. 4, 1922

Subscribed and sworn to before me this 26th
day of September, 1942.

Olga Duenow

Notary Public, residing at Long Beach, Calif.
My commission expires January 10, 1944
(Seal)

Mrs Florence M. Hamblin

Signed Florence Hamblin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
545 East Ocean Avenue
Long Beach, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

153 10610

PLACE OF BIRTH

No. 11-C-25m-9-3

County of Latah

City of

Registration District No.

103955

No. St.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Walter Archie Peters

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	May 4 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Guy Archie Peters	FULL MAIDEN NAME	Ruby Horine-Peters
RESIDENCE	6 mi. E. Viola	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Wolfe M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Palouse, Wash.

Filed Jun 1st 1922 Dr. J.W. Thompson

Registrar Registrar

S-Y-CO 35071

[redacted]

JAN 17 1974

c.c. 6/11/41. W.h.

235-229-029816

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Latah

RECEIVED
AUG 17 1922
REGISTRATION DISTRICT
STATE

CERTIFICATE OF BIRTH

City of Avon

Registration District No. 2147 File No. 103956

No. ..... St. .....

Primary Registration District No. 67 Registered No. 5

Hospital .....

FULL NAME OF CHILD Dixie Evelyn Neer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	✓		✓	Yes.	7-29 1922

	FATHER	MOTHER
FULL NAME	Wm Neer	FULL MAIDEN NAME Maud Hartsuck
RESIDENCE	Avon	RESIDENCE Avon
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years) 32
BIRTHPLACE	Neb.	BIRTHPLACE Ida.
OCCUPATION	Farmer	OCCUPATION N.W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust
Physician
(Physician or midwife)

Address Deary

Given names added from a supplemental report.

7-29 1922
P. C. Faust
Registrar

Filed 7-29 1922 P. C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 29 1953

254-217-029-695

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103957

County of Fatah

City of Kendrick

Registration District No. 2147 File No. 7

No. ..... St.

Primary Registration District No. 67 Registered No. 9

Hospital .....

FULL NAME OF CHILD Elsie Marie Knutson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	7-17 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mike Knutson	FULL MAIDEN NAME	Amanda Wieak
RESIDENCE	Kendrick R. 2.	RESIDENCE	Kendrick R. 2.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	61 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:00 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

Physician

(Physician or midwife)

Given names added from a supplemental report.

8-1 1922

Address Deary

R. C. Faust
Registrar

Filed 8-1 1922 R. C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1942

645-12-029-432

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103959

RECEIVED AUG 17 19.. BUREAU OF VITAL STATISTICS

County of Latah

City of Viola

No. R F D

Registration District No. 61

File No.

Hospital

Primary Registration District No. 2141

Registered No. 107

FULL NAME OF CHILD ~~Eugene Vincent~~ WILLARD EMMETT O'dell

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 21 192 2

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Emmett N Odell	FULL MAIDEN NAME	Nora Mc Keehan
RESIDENCE	Viola Ida	RESIDENCE	Viola Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Craig Mt - Ida	BIRTHPLACE	Penn.
OCCUPATION	Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 8:0 A M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Mary Mc Coy

(Physician or midwife)

Address Viola Ida

Filed July 30 192 2 N H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1942

869-208-029-793

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103960

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

County of Latah

City of Potlatch

No. ..... Registration District No. 61 File No. .....

Hospital ..... Primary Registration District No. 4141 Registered No. 104

FULL NAME OF CHILD Mary Jane Horton

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
female				Yes	July	8	1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Ralph Horton	FULL MAIDEN NAME Cora Olive Gilliam
RESIDENCE	Potlatch Ida	RESIDENCE Potlatch
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Nash-
OCCUPATION	Mgr- Grain Warehouse	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 7 A. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P E Wessel M D
(Physician or midwife)

Address Garfield Wash

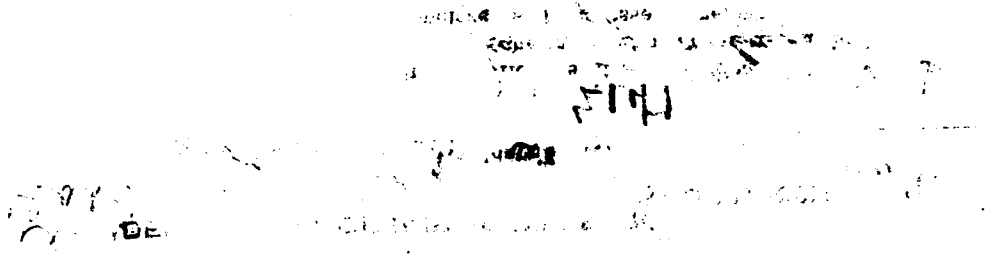
Filed July 10 1922 M Hawthorne

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
SEP 16 1972
BUREAU

STATE OF IDAHO

FARE

Boise, Idaho, ... 19

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. We are of the opinion that it is important to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Potlatch

Street: 720 Spruce

County: Latah

File Number: 103960

Registration Dist. No.: 94

Sex of Child: Female

Date of Birth: July 8th 1922.

Father: Ralph Horton
Full Name

Mother: Lora C. Horton
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Mary Jane Horton
Child's Name in Full

Mrs. Ralph Horton
Signature of Father or Mother

APR 13 1960

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

259-24-029-652

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103961

County of Latah

City of Moscow

No. Rural St. Registration District No. 61 File No.

Hospital Primary Registration District No. 2141 Registered No. 106

FULL NAME OF CHILD Albin Levern Berglund
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 11, 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Albin Berglund	FULL MAIDEN NAME	Ellen Amanda Westberg
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Troy, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)

Address 720 S. Main

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 30 1922 W H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

715-105-029-798

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

File No. 103962

Primary Registration District No. 2141

Registered No. 94

FULL NAME OF CHILD Emil Pavel
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 5 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	John Pavel	FULL MAIDEN NAME	Anna Pribyl
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	~~45~~ 51 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Austra
OCCUPATION	Farmer	OCCUPATION	House Keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair
(Physician or midwife)

Address Moscow Idaho

Filed July 25 1922 W H Carithers
Registrar.

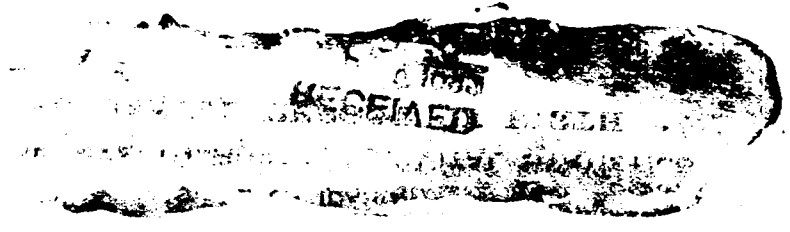
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


RECEIVED

FORM V. S. NO. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

103957

Place of Birth:
- City: Moscow
- Street and House No.: R 7 LO
- County: Latah

Registered No.: 94

Registration Dist. No.: 61

Sex of Child: Male

Date of Birth: May (MONTH) 5 (DAY) 1922 (YEAR)

Father: John Pavel (FULL NAME)

Mother: Anna Pribyl (FULL MAIDEN NAME)

I Hereby Certify that the child described here has been named:

Emil Pavel (GIVEN NAME IN FULL) (SURNAME)

as reported by John Pavel (FATHER OR MOTHER)

N. W. Carithers (LOCAL REGISTRAR)

635-202029-133

RECEIVED
AUG 17 1927
BUREAU OF VITAL STATISTICS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103963

County of Latah
City of Moscow
No. ____ St.
Hospital

Registration District No. 61
Primary Registration District No. 2141
File No.
Registered No. 91

FULL NAME OF CHILD Florence Y Berger
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	April 2 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	L. C. Berger	FULL MAIDEN NAME	Hattie B. Allen
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.44 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adam
(Physician or midwife)
Address Moscow Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed July 25 1927 W. H. Carothers
Registrar.

762-203-029 445

PLACE OF BIRTH Latah

RECEIVED AUG 17 192 BUREAU ... STA...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Moscow

City of Moscow

CERTIFICATE OF BIRTH

No. ..... St.

Registration District No. 61 File No. 103964

Hospital .....

Primary Registration District No. 1011 Registered No. 92

FULL NAME OF CHILD ~~Charlotte M.~~ CHARLOTTE MAE GOSSETT
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 3 (Year) 1922
Fem		Yes	

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Dulin Gossett	FULL MAIDEN NAME	Lottie Duncan
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	House Keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair
Moscow Idaho
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed July 25 1922 W H Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1943

231-205-029-434

PLACE OF BIRTH

RECEIVED
AUG 17 19..
BUREAU ...
STA...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. 103965

Primary Registration District No. 1011 Registered No. 93

FULL NAME OF CHILD Joy Jeanett Stall
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		Yes	Mch 5 1922

What bactericidal solution was used in eyes? Argyral

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Conard Stall	FULL MAIDEN NAME	Cordelia McDonald
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Neb	BIRTHPLACE	Tenn.
OCCUPATION	Laborer	OCCUPATION	House Keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair
(Physician or midwife)

Address Moscow Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed July 25 1922 W H Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1943

814-108029419

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... Registration District No. 61 File No. 103966

Hospital ..... Primary Registration District No. 1011 Registered No. 95

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Bennett M. Hammond
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 8 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Geo E. Hammond	FULL MAIDEN NAME	Hazel Marlick
RESIDENCE	~~Kans~~, Moscow	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kans	BIRTHPLACE	Oreg.
OCCUPATION	Mail carrier	OCCUPATION	House Keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair
(Physician or midwife)

Address Moscow Idaho

Filed July 25 1922 W H Carothers
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1941

817-128-029-437

PLACE OF BIRTH

RECEIVED
AUG 17 1927
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. Corner Logan & Vealch St.

Registration District No. 61

File No. 103967

Hospital at Home

Primary Registration District No. 1011

Registered No. 96

FULL NAME OF CHILD Donald Earl Hagen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes.	June 28 1927

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Sherman Hagen	FULL MAIDEN NAME	Letha McGarvy
RESIDENCE	Logan and Vealch St.	RESIDENCE	Logan & Vedick St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Blaine Latah County	BIRTHPLACE	Clio, Michigan
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at Home M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W M Hatfield M.D.
(Physician or midwife)

Address Box 18 Moscow, Idaho

Filed July 20 1927 W H Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1 1975

459-204-029-693

PLACE OF BIRTH

RECEIVED AUG 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61 File No. 103968

Hospital ..... Primary Registration District No. 1011 Registered No. 97

FULL NAME OF CHILD Helen Weinman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	June 4 1922

What bactericidal solution was used in eyes? Silver nit

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Henry Weinman	FULL MAIDEN NAME	Willis F. Willis
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	N. C.
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6-0 M.
(Born alive or ~~stillborn~~)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed July 25 1922 W. H. Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-206-029-593

PLACE OF BIRTH

RECEIVED AUG 17 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

File No. 103969

Primary Registration District No. 1011

Registered No. 98

FULL NAME OF CHILD THERESA MAY ~~Teresa M.~~ Felton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of birth June 6 1922 (Month) (Day) (Year)
Female			

What bactericidal solution was used in eyes? Nit Silver

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Harley Felton	FULL MAIDEN NAME	Bessie Vitetoe
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	W. Virg	BIRTHPLACE	Tenn
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4 - a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed July 25 1922 W H Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of U.States of America
District of Idaho
County of Central Division } ss.

Certificate No. 103969

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Theresa	~~Theresa Felton~~ Theresa May Felton

Subscribed and sworn to before me this 2 nd
day of September, 1942.
Jan J. LeFebre
Notary Public, residing at U. States Commissioner
My commission expires Lewiston Idaho
(Seal) District of Idaho
Central Division

Signed Mrs Harley Felton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of U.States of America
District of Idaho
County of Central Division } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 nd
day of September, 1942
Jan J. LeFebre
Notary Public, residing at U. States Commission
My commission expires District of Idaho
(Seal) Central Division
Lewiston, Idaho

Signed May T. LeFebre
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 4 1942

SEP 8 1942

294-110-029-485

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61 File No. 103970

Hospital ..... Primary Registration District No. 1011 Registered No. 99

FULL NAME OF CHILD Raymond C. Kimberling
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	June 10 1922

What bactericidal solution was used in eyes? Nit Silver

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Melvin C. Kimberling	FULL MAIDEN NAME	Mary L. Dyer
RESIDENCE	Julietta Ida	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Virg	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4 a — M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed July 25 1922 W H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1970

24 1970

864-219-029-863

PLACE OF BIRTH

RECEIVED AUG 17 1922

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 103971

Primary Registration District No. 101 Registered No. 101

FULL NAME OF CHILD Neva June Hodson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	June 14 1922

What bactericidal solution was used in eyes? Nit Silver

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Joel Hodson	FULL MAIDEN NAME	Eva Hollingsworth
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1-0 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Clarke

(Physician or ~~midwife~~)

Address .....

Give names added from a supplemental report.

..... 19.....

..... Registrar.

Filed July 25 1922 W.H. Carruthers Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 103971
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Neva J. Hodson (Name on original certificate) who was born (Was born or died) on June 12, 1922 (Date of event)
in Troy, Latah Co., Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by correction by parents (Bible record, insurance policy, etc.) prepared on Dec. 13, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name of child	Neva J. Hodson	Neva June Hodson
Name of parent (Male)	J.J.Hodson	Joe J. Hodson

Subscribed and sworn to before me this 13 day of December, 1941

J. M. O'Donnell
Notary Public, residing at Moscow, Idaho
My commission expires Sept. 15, 1945
[SEAL]

Signed Mrs. Eva M Hodson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) (Mother)
Moscow, Idaho, Route 5
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho
County of Latah } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of December, 1941

J. M. O'Donnell
Notary Public, residing at Moscow, Idaho
My commission expires Sept. 15, 1945
[SEAL]

Signed Joe J Hodson (Father)
(Signature of any credible person other than the previous affiant)
Moscow, Idaho Rt. 5
(Street Address, City, State)

Received for filing on DEC 17 1941 by
(Registrar's signature)

815-117-026-352

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah
City of Moscow
No. ..... St.

RECEIVED AUG 17 1922 STATE BUREAU OF VITAL STATISTICS

Registration District No. 61 File No. 103972

Hospital ..... Primary Registration District No. 1011 Registered No. 100

FULL NAME OF CHILD Gordon L. Hanna
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 17 1922

What bactericidal solution was used in eyes? Nit Silver

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Finley D. Hanna	FULL MAIDEN NAME	Ada L. Leslie
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ind	BIRTHPLACE	Mont
OCCUPATION	Laborer	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 - a - M. (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 25 1922 N. H. Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1941

155-126-029-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103973

County of Latah

City of Moscow

No. ..... St. ..... Registration District No. 61 File No. .....

Hospital ..... Primary Registration District No. 1211 Registered No. 102

FULL NAME OF CHILD Reginald Everett Jenkins
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 26 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Reginald Albert Jenkins	FULL MAIDEN NAME	Anna Mae McLeod
RESIDENCE	Moscow Ida	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Paving Inspector	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 5:45 A. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) J Gilleland

Physician
(Physician or midwife)

Address Pullman Wash

Filed July 30 1922 M H Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1 1942

MAY 2 0 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

365-28-029-766

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 S. Main St.

Hospital Gritman

Registration District No. 61

File No. 103974

Primary Registration District No. 1011

Registered No. 103

FULL NAME OF CHILD Baby Longley

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 7 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lewis Edward Longley	FULL MAIDEN NAME	Laura Goff
RESIDENCE	Moscow Ida	RESIDENCE	Moscow Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Riceville Iowa	COLOR	White
OCCUPATION	Teacher	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	Clinton Missouri
		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:35 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas L. Gritman M.D.
(Physician or midwife)

Address Moscow

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 25 1922 W. H. Barthers
Registrar

613-210-029-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

County of Latah

City of Moscow

No. 738 E. 8th St. Registration District No. 61 File No. 103975

Hospital Primary Registration District No. 1011 Registered No. 105

FULL NAME OF CHILD Bernice Rose Wachtman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 10 1922

What bactericidal solution was used in eyes? Ag NO_3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Cullio Fred Wachtman	FULL MAIDEN NAME	Edith M. Greenwood
RESIDENCE	Moscow, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Wash.	BIRTHPLACE	Minnesota
OCCUPATION	Vocational Student	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:48 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Moscow, Idaho

Filed July 10 1922 W. H. Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1971

155-223-029-264

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61 File No. 103976

Hospital Inland Empire Primary Registration District No. 1011 Registered No. 108

FULL NAME OF CHILD Helen Catherine Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 23 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Samuel James Jensen	FULL MAIDEN NAME	Elizabeth Bouton
RESIDENCE	Moscow Rda R#10	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	South Dakota	BIRTHPLACE	Michigan
OCCUPATION	Farming	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) W. H Carruthers

Physician
(Physician or midwife)

Address Moscow - Rda -

Filed July 23 1922 W. H Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1971

813-12-028962

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103977

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61

File No. .....

Hospital Inland Empire

Primary Registration District No. 1011

Registered No. 109

FULL NAME OF CHILD William Milford Hall

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	July 24 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert Wesley Hall	FULL MAIDEN NAME	Marjorie Roberts
RESIDENCE	Moscow R#10 III	RESIDENCE	Moscow R#10 III
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Juliaetta Ida	BIRTHPLACE	Troy Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil Martha Gilchrist

Physician

(Physician or midwife)

Address Moscow Ida

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed July 30 1922 M M Saunders Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1942

JUN 2 4 1943

255-125-029-453

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 320 N. Jackson St. Registration District No. 61 File No. 103978

Hospital Primary Registration District No. 1011 Registered No. 110

FULL NAME OF CHILD Raymond Lester Benson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 25 1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Gustav Benson	FULL MAIDEN NAME	Martha P. McCloud
RESIDENCE	320 N. Jackson, Moscow Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minnesota	BIRTHPLACE	South Dakota
OCCUPATION	Mason	OCCUPATION	Hswife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow Idaho

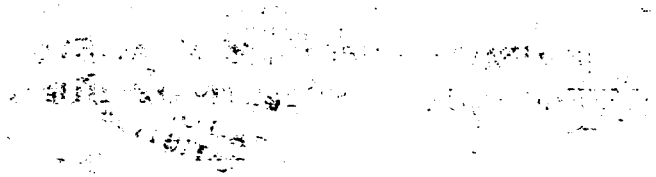
Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 30 1922 W H Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FORM V. S. NO. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS 103978

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Moscow

Street and House No. 320 N Jackson

County Latah

Registered No. 110

Registration Dist. No. 61

Sex of Child Male

Date of Birth July 25 1912
(MONTH) (DAY) (YEAR)

Father Gustav Benson
(FULL NAME)

Mother Martha E Mellom
(FULL MAIDEN NAME)

I Hereby Certify that the child described herei
has been named:

Raymond Lester Benson
(GIVEN NAME IN FULL) (SURNAME)

as reported by Gustav Benson
(FATHER OR MOTHER)

W H Carruthers
(LOCAL REGISTRAR)

JUN 18 1942

753-126-029813

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 435 Lewis St. Registration District No. 101 File No. 103979

Hospital Primary Registration District No. 1011 Registered No. 111

FULL NAME OF CHILD Donald Ivan Peterson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 26 1922

What bactericidal solution was used in eyes? Ag No3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	David Peterson	FULL MAIDEN NAME	Tillie Christine Halverson
RESIDENCE	Deary Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Hsw f.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. M. Gilchrist
Physician
(Physician or midwife)

Address Moscow Idaho

Filed July 30 1922 W H Carothers
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1954

MAY 6 1947

445-229-029-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 17 192 BUREAU OF V STATISTICS

County of Latah

City of Moscow

No. 908 S Jefferson St. Registration District No. 61 File No. 103980

Hospital Primary Registration District No. 1011 Registered No. 113

FULL NAME OF CHILD Shirley Ann Mudgett
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) July (Day) 29 (Year) 1922
Female		yes	

What bactericidal solution was used in eyes? Ag. NO_3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Tracy J. Mudgett	FULL MAIDEN NAME	LaVerne Ruth Savage
RESIDENCE	Moscow Ida. R.F.D.	RESIDENCE	Moscow, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Moscow Idaho	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M Gilchrist
Physician
(Physician or midwife)

Address Moscow, Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed July 30 1922 N. H. Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-127-029414

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 716 W. A St.

Registration District No. 61 File No. 103981

Hospital

Primary Registration District No. 1011 Registered No. 112

FULL NAME OF CHILD John Douglas Hunter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 27 1922

What bactericidal solution was used in eyes? Ag No. 1 7

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence Earl Hunter	FULL MAIDEN NAME	Delia Martha Daubenberger
RESIDENCE	Moscow Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Real Estate Broker	OCCUPATION	Hswife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed July 30 1922 W H Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/20/41 L. B.

127-220-029-261

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Tatah

City of Troy

No. ..... St. ..... Registration District No. 64 File No. 103982

Hospital ..... Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Ruth Asplund
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 20 1922

What bactericidal solution was used in eyes? Silver Nitrate 2%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Oscar Asplund	FULL MAIDEN NAME	Ida Swanberg
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Teamster	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R G Nelson, M.D.
(Physician or midwife)

Give names added from a supplemental report.

July 31, 1922

Lucy M Pickerd
Registrar.

Address Troy Ida.

Filed July 31 1922 Lucy M Pickerd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 3 1973

695-203-029-247

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Registration District No. 64 File No. 103983

Hospital ..... Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Lela Jean Frederickson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 2 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	August Frederickson	FULL MAIDEN NAME	Sarah Irene Beugh
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Minn	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:05 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R G Nelson M.D.

(Physician or midwife)

Give names added from a supplemental report.

July 31, 1922

Lucy M. Pickerd
Registrar.

Address Troy Ida.

Filed July 31 1922 Lucy M Pickerd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1973

868-128-029-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ____ St.

Registration District No. 64 File No. 103984

Hospital ____ Primary Registration District No. 2144 Registered No. ____

FULL NAME OF CHILD John Carlton Hoyt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 28 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	George Carlton Hoyt	Rachel Maxwell Dillard
RESIDENCE	Troy	Troy
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	34
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Lawyer	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Nelson M.D.
(Physician or midwife)

Address Troy Ida

Give names added from a supplemental report.

July 31, 1922
Lucy M. Packard
Registrar.

Filed July 31 1922 Lucy M. Packard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1942

819.223.029.256

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 17
BUREAU OF VITAL STATISTICS

County of Latah
City of Troy
No. ____ St. ____
Registration District No. 64
File No. 103985
Hospital ____
Primary Registration District No. 2144
Registered No. ____

FULL NAME OF CHILD Verna Belle Harris
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 23 1922

What bactericidal solution was used in eyes? Silver Nitrate 2%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Roland Francis Harris	FULL MAIDEN NAME	Emma Brown
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	So. Dak.
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R K Nelson M D
(Physician or midwife)
Address Troy Ida

Give names added from a supplemental report.

July 31 1922
Lucy M. Pickard
Registrar.

Filed July 31 1922 Lucy M. Pickard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-227-029-391

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103986

County of Latah

City of Bovill

No. ..... St.

Registration District No. 66 File No. 22

Primary Registration District No. 216 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gladys Bernice Carman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and		Yes	Aug. 27 1922

FATHER	MOTHER
FULL NAME: Archie Carman	FULL MAIDEN NAME: Ora Bernice Crans
RESIDENCE: Bovill Idaho	RESIDENCE: Bovill Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Wisconsin
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1.30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Gibson

Physician
(Physician or midwife)

Address Bovill Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 30 19 22 Mrs R.C. Gibson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 25 1943

249.114.029-666

PLACE OF BIRTH

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

Registration District No. 66 File No. 103987

No. ____ St.

Hospital Bovill Hosp. Primary Registration District No. 21 X 6 Registered No. ____

FULL NAME OF CHILD ~~XXXXXX~~ ALLEN Raymond Burk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug. 14 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Raymond Burk	Agnes May Woolsey
RESIDENCE	Bovill Idaho	Bovill Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Washington	Minnesota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Gibson

Physician (Physician or midwife)

Address Bovill Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed Aug 20 1922 Mrs J. P. Gibson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/7/41 Z.J.

State of Washington, ss. Affidavit of Alfred R. Burk as to corre
County of Whitman. name of his son, Allen Raymond Burk.

Alfred R. Burk, being first duly sworn on his oath says :-

That he is the father of Allen Raymond Burk, who was born at Bovill, Idaho, on August 14th, 1922; That by mistake the first name of his said son was given and registered as "Alan" Raymond Burk on the records of Vital Statistics at Boise, Idaho;

That this affiant desires that said name be corrected to Allen Raymond Burk on the records of the Bureau of Vital Statistics at Boise, Idaho, and hereby authorizes the correction to be made on said records by the proper officers thereof.

Alfred R Burk

Subscribed and sworn to before me this 2nd day of May, 1941.

Frank Sanger, Notary Public,
In and for the State of Washington,
Residing at Pullman, Washington.

APR 18 1944

318-221-029-367

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Latah

City of Bovill

CERTIFICATE OF BIRTH

Registration District No. 66 File No. 103988

No. ..... St.

Primary Registration District No. 2146 Registered No. .....

Hospital .....

FULL NAME OF CHILD Violet Marie Taylor

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	yes	8/21/1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Taylor	FULL MAIDEN NAME	Susie Cox
RESIDENCE	Bovill	RESIDENCE	Bovill.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ida.	BIRTHPLACE	Minn.
OCCUPATION	Stationery Engineer	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:52 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Deary Idaho

Filed Aug. 25 1922 Mrs F. C. Gibson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-24-0229-315

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

103989

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

County of Latah

City of Bovill Registration District No. 66 File No. 18

No. ..... St. .....

Primary Registration District No. 216 Registered No. .....

Hospital .....

FULL NAME OF CHILD Audrey June Stewart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	July 24 1922

FATHER	MOTHER
FULL NAME: Benjamin Henry Stewart	FULL MAIDEN NAME: Cecil Mae Canfield
RESIDENCE: Harvard Idaho	RESIDENCE: Harvard Idaho
COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson
Physician
(Physician or midwife)
Address Bovill Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed Aug 7 1922 Mrs F. C. Gibson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1942

295·120·040632

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITA[redacted]

V. S. No. 11-C—25m-7-21-19

County of [redacted]hore RECEIVED CERTIFICATE

City of Clarkia SEP 5 1922 Registration District No. 66 File No. 103990

No. ..... St. BUREAU OF VITAL STATISTICS

Hospital ..... Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD George Richard King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug. 20 1922

FATHER	MOTHER
FULL NAME: Edward M King	FULL MAIDEN NAME: Marie Olson
RESIDENCE: Clarkia Idaho	RESIDENCE: Clarkia Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Wisconsin
OCCUPATION: Deputy Sheriff	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F C Gibson
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

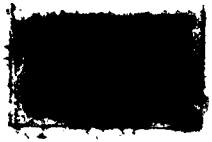
Address Bovill Ida

Filed Aug 21 19 22 Mrs F C Gibson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



994-225-029-253

PLACE OF BIRTH amend 11-8-82

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Latah

City of Moscow

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

RECEIVED 1922 BUREAU OF VITAL STATISTICS

Registration District No. 61

File No. [redacted]3991

Primary Registration District No. 2141

Registered No. 115

Full Name of Child Maxine Marjorie Riddle

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH July 25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lester Riddle	FULL MAIDEN NAME	Elsie Bellomy
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	W. Virg.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Moscow

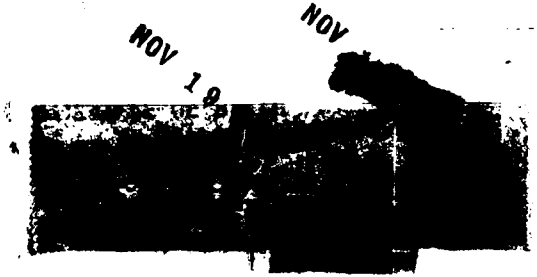
Filed Aug 10 1922 W. H. Carthers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


NOV 19
NOV

7-22-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 3 9 10 AM '82

State of _____ } ss.
County of _____

Certificate No. 103991
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Marjorie M Riddle (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 25, 1922 (Date of Event)

in Moscow (Latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Marjorie M Riddle	Maxine Marjorie Riddle

Subscribed and sworn to before me this 30th day of August, 1982

Notary Public, Rowene S. Teter
Residing at Spokane County
My commission expires July 10, 1984
(Seal)

Maxine Marjorie Riddle Teter
Signature of Applicant

539 So. 91st Place Mesa, Az 85208
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of August, 1982

Notary Public, Rowene S. Teter
Residing at Spokane County
My commission expires July 10, 1984
(Seal)

Irene M Meyers
Supporting Signature

N1308 Felts Spokane, Wash
Street Address, City, State

Diploma from Troy High School in Troy, Idaho gives Maxine M Riddle completed course of study on 5-13-42. Viewed by V.S.

NOV - 8 1982

Birth Certificate for Gilbert Lester Teter born 1-4-62 in Spokane, Washington to Darrell Wayne Teter and Maxine Marjorie Riddle. Viewed by V.S.

753-120-029-632

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103992

County of Latah

City of Rural

No. ..... St. ..... Registration District No. 61 File No. .....

Hospital ..... Primary Registration District No. 2141 Registered No. 116

FULL NAME OF CHILD Ivan Orland Peterson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes.	July 20 192 2

What bactericidal solution was used in eyes? Ag NO3 - 1%

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	Chas. Peterson	FULL MAIDEN NAME	Agnes Mary Olson
RESIDENCE	Moscow (Rural)	RESIDENCE	Moscow, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Lemoille, Ida	BIRTHPLACE	Moscow Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Armstrong
Physician
(Physician or midwife)

Address 720 South Main

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 8 1922 W H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 9 1943

389-02-029-754

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103993

County of Latah

City of Moscow

No. Rural St.

Registration District No. 61

File No.

Hospital

Primary Registration District No. 214

Registered No. 118

FULL NAME OF CHILD William Donald Christenson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 2 1922

What bactericidal solution was used in eyes? Ag No3 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME Fred J. Christenson	FULL MAIDEN NAME Carrie Gemmede
RESIDENCE Moscow	RESIDENCE Moscow
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Moscow	BIRTHPLACE ~~Moscow~~ Greenwood Kansas
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4:05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. O. Armstrong

Physician

(Physician or midwife)

Address 320 South Main

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

Filed Aug 4 1922 W. H. Carothers

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

599-116-029-863

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

103994

County of Latah

City of Moscow, R4D-401

No. ..... St.

Registration District No. 61

File No. .....

Hospital .....

Primary Registration District No. 2141

Registered No. 124

FULL NAME OF CHILD Donald DALE Erickson

(Certific... no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug (Day) 16 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Henry Emil Erickson	FULL MAIDEN NAME	Mary Holten
RESIDENCE	Moscow Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Minnesota	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Hswf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:10 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist

Physician (Physician or midwife)

Address Moscow, Idaho

Filed Aug 20 1922 W H Carothers Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 1 9 1981

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 103994

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Donald B Erickson (Name on Original Certificate) who was Born (Was Born or Died) on August 16, 1922 (Date of Event)
in Moscow Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Northwestern National Life Ins Co. (Bible Record, Insurance Policy, Etc.) appeared on June 11 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
	~~Northwestern National Life Ins Co~~	
name	Donald B. Erickson	Donsed Dale Erickson

Subscribed and sworn to before me this 15 day of July 1942
Harry A Thatcher Clerk Dist Court
~~Notary Public~~, residing at Moscow Idaho
By Leslie Babcock Deputy
My commission expires January 12, 1943
(Seal)

Signed Henry E. Erickson
(Signature of parent or attendant if correcting a birth record; of attendant, ~~funeral~~ director, informant if correcting a death record; or other credible person.)

R #1 Moscow Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 15 day of July 1942
Harry A Thatcher Clerk Dist Court
~~Notary Public~~, residing at Moscow Idaho
My commission expires Jan 12, 1942
(Seal) By Leslie Babcock Deputy

Signed Mary Erickson
(Signature of Any Credible Person Other Than Previous Year)

R #1 Moscow Idaho
(Street Address, City, State)

JUN 2 1942

JUL 2 0 1942

DEC 2 4 1974

268-129-029-619

PLACE OF BIRTH

RECEIVED
SEP 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow, Ida

No. 720 Main St.

Registration District No. 61

File No. 103995

Hospital Gretman

Primary Registration District No. 1011

Registered No. 128

FULL NAME OF CHILD Charles David Boyd
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8 29 1922

What bactericidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ira Robert Boyd	FULL MAIDEN NAME	Jessie Farnsworth
RESIDENCE	Moscow, Ida	RESIDENCE	Moscow, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Dentist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:12 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Armstrong
(L.H.C.)
(Physician or midwife)

Address Moscow, Idaho

Filed Aug 30 1922 W H Carithers
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4 1942

843-119-029-765

PLACE OF BIRTH

RECEIVED
SEP 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow, Ida.

No. 722 Main St. Registration District No. 61 File No. 103986

Hospital Gritmans Primary Registration District No. 1011 Registered No. 126

FULL NAME OF CHILD Harold Raymond Hulbert

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8 14 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harold Watkins Hulbert	FULL MAIDEN NAME	Celine Goethals
RESIDENCE	Moscow, Ida	RESIDENCE	Moscow, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Riverside, Cal.
OCCUPATION	Asst Agronomist, U.S.D.A.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D. (Physician or midwife)

Address Moscow, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 30 1922 W H Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 19

385-121-029-556

PLACE OF BIRTH

RECEIVED
SEP 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 103997

County of Latah

City of Moscow

No. First & Jackson

Registration District No. 61 File No.

Hospital Inland Empire

Primary Registration District No. 1011 Registered No. 127

FULL NAME OF CHILD James Chester Wood Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 21 1922

What bactericidal solution was used in eyes? Ag Noz 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James C Wood	FULL MAIDEN NAME	Dorothy Newman
RESIDENCE	Moscow Ida	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Lancaster Wis.
OCCUPATION	Time Keeper Paving Co	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Moscow

Filed Aug 22 1922 W H Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 3 1940

897-113-029-235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 6 1922
BUREAU OF VITAL STATISTICS

County of Latah

City of Moscow

No. 909 Logan St.

Registration District No. 61

File No. 103998

Hospital

Primary Registration District No. 1011

Registered No. 123

FULL NAME OF CHILD Milton Glenn Higgins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	August 13 1922

What bactericidal solution was used in eyes? Ag 7.20 / 70

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Philip Glen Higgins	FULL MAIDEN NAME	Eleanor Stehr
RESIDENCE	Moscow, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Spokane, Wn.	BIRTHPLACE	N. Dak.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrest
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Moscow, Ida

Filed Aug 20 1922 W H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1942

4/13-212-029-063

PLACE OF BIRTH

RECEIVED
SEP 8 1927
BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. First & Jackson St.

Registration District No. 61

File No. 103999

Hospital Inland Empire

Primary Registration District No. 1011

Registered No. 122

FULL NAME OF CHILD Constance Mary Mattoon
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug 12 1927

What bacteriocidal solution was used in eyes? Ag Nos 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Perry A Mattoon	FULL MAIDEN NAME	Anne Elizabeth Goldner
RESIDENCE	Moscow R 7 Box 10	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Boise Ida	BIRTHPLACE	Rubens Ida
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Loarithers

Physician
(Physician or midwife)

Address Moscow

Filed Aug 13 1927 M H Loarithers
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 5 1942

135-209.029-53

PLACE OF BIRTH

RECEIVED
SEP 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104000

County of Latah

City of Moscow

No. 228 South Jefferson

Registration District No. 61

File No.

Hospital No

Primary Registration District No. 1011

Registered No. 121

FULL NAME OF CHILD Hazel Alice McVey

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			X	Aug 9 1922

What bactericidal solution was used in eyes? Ag No3 1%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER

FULL NAME Chas F. McVey

RESIDENCE Moscow, Ida

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Nebrassta

OCCUPATION Draymen

MOTHER

FULL MAIDEN NAME Bessie Elder

RESIDENCE Moscow, Ida.

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Washington

OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5:P M. (Born alive or stillborn) on the date above stated.

(Signature) C. O. Armstrong

Physician

(Physician or midwife)

Address 730 South Main

Filed Aug 10 1922 W H Carothers

Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

230 108.05 7-466

PLACE OF BIRTH

RECEIVED
SEP 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth stated.

nty of Latah

of Moscow

No. 720 S. Main St.

Registration District No. 61 File No. 104001

Hospital Gritman Primary Registration District No. 1011 Registered No. 120

FULL NAME OF CHILD Freeman Wade Stockwell

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 8 1922

What bactericidal solution was used in eyes? Silver Nit.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Freeman N. Stockwell	FULL MAIDEN NAME	Janet Moore
RESIDENCE	Pullman, Wash.	RESIDENCE	Pullman Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Fairdream, Idaho	BIRTHPLACE	Lisbon, N. Dakota
OCCUPATION	Edgerton Pullman Lum Co.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11:30A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

Physician

(Physician or midwife)

Address 720 South Main

Filed Aug 10 1922 W. H. Carruthers

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

623.207 29-154

PLACE OF BIRTH AMENDED APRIL 8, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. First & Jackson St. Registration District No. 61 File No. 104002

Hospital Inland Empire Primary Registration District No. 1011 Registered No. 119

FULL NAME OF CHILD Liviah Ann Oslund
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug. 7, 1922

What bacteriolidal solution was used in eyes? AgNo3 1%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Alex Hilmer Oslund	FULL MAIDEN NAME: Anna Marie Anderson
RESIDENCE: Troy RFD	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Minn.	BIRTHPLACE: Sweden
OCCUPATION: Engineer	OCCUPATION: Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers

Physician
(Physician or midwife)

Address Moscow

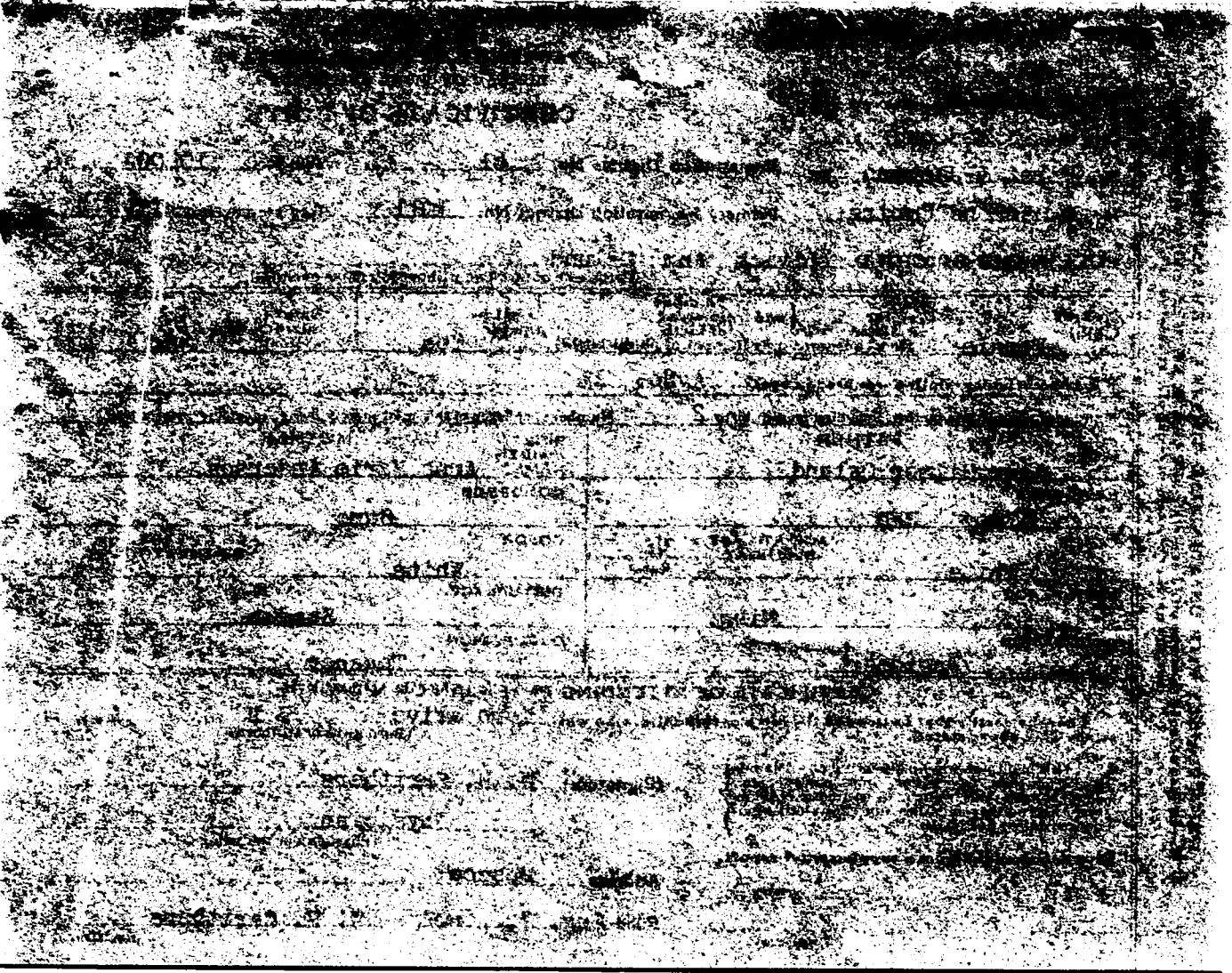
Filed Aug. 7, 1922 W. H. Carithers
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
APR 6 - 1954
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 104002

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Olivia Ann Oslund (Name on Original Certificate) who was born (Was Born or Died) on August 7, 1922 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Olivia	Liviah

Subscribed and sworn to before me this 19 day of March, 1954

Notary Public, residing at Troy, Idaho
My commission expires July 1, 1954
(Seal)

Signed Anna Marie Oslund (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 2 Troy Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of March, 1954

Notary Public, residing at Troy, Idaho
My commission expires 7-1-54
(Seal)

Signed E. E. Brooke
(Signature of Any Credible Person)
Troy Idaho
(Street Address, City, State)

DPH 52-155

239-129-029-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104003

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61 File No. .....

Hospital Inland Empire Primary Registration District No. 1011 Registered No. 129

FULL NAME OF CHILD Donald George Strong
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 29 1922

What bactericidal solution was used in eyes? Ag. No. 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Alvah Strong	FULL MAIDEN NAME	Agnes Landy
RESIDENCE	Garfield Wash R 1	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Canton Ill.	BIRTHPLACE	Boston Mass
OCCUPATION	Prop. Saw Mill	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Hartwell MD
(Physician or midwife)

Address Moscow Ida

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Aug 29 1922 W. H. Carruthers Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1942

346-21-029-249

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

SEP 10 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 104004

Primary Registration District No. 1011 Registered No. 114

Full Name of Child Loyd Eg Trout

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	July 21 1922

FATHER		MOTHER	
FULL NAME	Orville E. Trout	FULL MAIDEN NAME	Dora E. Smith
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mo
OCCUPATION	Labor	OCCUPATION	How wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 10-P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

(Physician or ~~midwife~~)

Address Moscow Ida

Given names added from a supplemental report

____ 19____

Registrar

Filed Aug 10 1922 W. H. Carothers

Registrar

NOV 1 9 1975

96-123-029-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104005

County of Latah

City of Moscow

No. ____ St. ____ No. 61 File No. ____

Hospital ____ Primary Registration District No. 1011 Registered No. 117

FULL NAME OF CHILD Charles Leslie Root

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 27 1922

What bactericidal solution was used in eyes? $AgNO_3$ - 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chas. Root	FULL MAIDEN NAME	Mary Hellcoms
RESIDENCE	Moscow Ida	RESIDENCE	Moscow, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Michigan	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) C. O. Armstrong
Physician
(Physician or midwife)

Address 720 Jackson Main

Filed Aug 3 1922 W. H. Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

117-116-822-592

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 8 1922
BUREAU OF VITAL STATISTICS

County of Latah
City of Moscow
No. Rural St.
Hospital
Registration District No.
Primary Registration District No.
File No. 104006
Registered No. 125

FULL NAME OF CHILD Warren Jacobs
(Certificate of no ...e without full name of child.)

Sex of child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 16 1922

...at bactericidal solution was used in eyes? Ag No 3 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	W. T. Jacobs	FULL MAIDEN NAME Violet Nibler
RESIDENCE	Moscow Rural	RESIDENCE Moscow
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho.
OCCUPATION	Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 8:45 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. O. Armstrong
Physician
(Physician or midwife)

Address 720 S. Main

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug 30 1922 W. H. Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK. PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE CERTIFICATE must be made for each and the number of each, in order of birth, must be stated.

VERAL REASONS
CH CHILD

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moscow

Place of Birth — Street:

Place of Birth — County: Latah

File Number: 104006

Registration Dist. No.:

Date of Birth: Aug. 16 1923

Sex of Child: Male

Father: William Thomas Jacobs (Full Name)

Mother: Violette Tibbs (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Warren Jacobs (Child's Name in Full)

William Thomas Jacobs (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

799-212-030-128

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of ..... Registration District No. 41 File No. 104008

No. ..... St. Primary Registration District No. 2116 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	July 12th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul J. Griffin	FULL MAIDEN NAME	Lucy May Ashcroft
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ills.
OCCUPATION	Harness Maker	OCCUPATION	Hwife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P B Wright M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon

Registrar

Filed 7/10 1922 Chas Bellamy Registrar

dbep

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-222-530-593

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. 8 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 104009

Primary Registration District No. 2116 Registered No.

FULL NAME OF CHILD Bellie Webb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	July (Month) 22 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William Webb	FULL MAIDEN NAME	Carmen Nichols
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	whp AGE AT LAST BIRTHDAY 32 (Years)	COLOR	whp AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:35 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F B Wright MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Salmon

Filed 8/10 1922 Chas Bellamy Registrar

Dep

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1967

415-402 [redacted] 265

PLAC[redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No. ..... St.

Hospital .....

FULL NAME OF CHILD Harold Davis

Registration District No. 49 File No. 104010

Primary Registration District No. 2428 Registered No. .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	8 (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Chas. Davis	FULL MAIDEN NAME	Ruby Sweet
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	M	COLOR	M
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Tobacco	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Bryan M.D.

(Physician or midwife)

Given names added from a supplemental report.

8/5 1922

Address Kamiah Id.

C. J. Johnson
Registrar

Filed 8/7 1922

C. J. Johnson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

OCT 15 1941

545-126-025-[redacted]

PLACE OF BIRTH [redacted]

RECEIVED AUG 17 1922

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104011

County of Idaho

City of Macdonald

Registration District No. 49

File No.

No. St.

Primary Registration District No. 2428

Registered No.

Hospital

FULL NAME OF CHILD Dan Dellmar Emery

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	6 (Month) 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Leroy Emery	FULL MAIDEN NAME	Bessie Wasley
RESIDENCE	Arofino Id	RESIDENCE	Arofino, Id
COLOR	m	COLOR	m.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Tex	BIRTHPLACE	Oreg
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Bryan M. D.

(Physician, or midwife)

Given names added from a supplemental report.

19

Address Kamiah Id

Registrar

Filed 8/7 1922

C J Johnson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 28 1959

JUL 15 1959

DEC 28 1966

DECEASED

968-218-025-125T

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Idaho

RECEIVED AUG 17 1922 DIV. OF VITAL

CERTIFICATE OF BIRTH

104012

City of Winona

Registration District No. 49 File No.

No. St.

Primary Registration District No. 1421 Registered No.

Hospital

FULL NAME OF CHILD Lenora Jean Rahlf

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	7 (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Howard Rahlf	FULL MAIDEN NAME	Viola Eikers
RESIDENCE	Winona Ida	RESIDENCE	Winona Ida
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oreg.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Bryan M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Kamiah, Id.

Filed 8/7/ 1922 C. J. Johnson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 25 1974

DECLASSIFIED

294-209-025466

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Woodland

Registration District No. 49 File No. 104013

No. ..... St.

Primary Registration District No. 2428 Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen Irene Simler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
4		yes	7 9 1922

FATHER		MOTHER	
FULL NAME	R. Ray Simler	FULL MAIDEN NAME	Anna Moon
RESIDENCE	Woodland, Id	RESIDENCE	Woodland, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	S. W.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Bryan M. W.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kamiah Id

Filed 8/7 1922

C. J. Johnson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1945

854-219-031-796

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 17 1922 AUDITOR'S OFFICE

County of Lewis

City of Kamiah

Registration District No. 49 File No. 104014

No. ..... St.

Primary Registration District No. 2428 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lottie Elizabeth Humphrey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	6 (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	George Humphrey	FULL MAIDEN NAME	Etta Gratz
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	M	COLOR	M
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Mass	BIRTHPLACE	Or.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 16 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4.40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Bryan M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kamiah Ind

Filed 8/7 1922 C J Johnson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 23 1942

314-203-031-267

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce, RFD

No. St.

Hospital

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Registration District No. 47 File No. 104015

Primary Registration District No. Registered No. 187

FULL NAME OF CHILD Adeline Dorthy Lauby Lauby
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	July 3 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Peter Stephen Lauby	FULL MAIDEN NAME	Medorothea Bogner (Bogner)
RESIDENCE	Nezperce, RFD#2	RESIDENCE	Nezperce, RFD#2
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Fondulac, Wis.	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop MD
(Physician or midwife)

Address Craigmont, Idaho.

Give names added from a supplemental report.

Albert Huff
Registrar.

Filed 8-7 1922 Albert Huff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419.104.03-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG

CERTIFICATE OF BIRTH 104016

County of Lewis

City of Hezperce, RFD. Registration District No. 47 File No.

No. St. Hospital Primary Registration District No. Registered No. 196

FULL NAME OF CHILD Raymond Percy Marker
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
male			Yes	July 4

What bactericidal solution was used in eyes? Argo5

Number of child of this mother, including present birth? Number of child of this mother now living, including present birth

FATHER	MOTHER
FULL NAME Wilber Percy Marker	FULL MAIDEN NAME Certhie Pardue
RESIDENCE Hezperce, RFD.	RESIDENCE Hezperce, RFD.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 27 (Y
BIRTHPLACE Latah, Wash.	BIRTHPLACE Palouse, Wash.
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 12:30 A. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Davis

(Physician or midwife)

Address Craigmont, Idaho.

Give names added from a supplemental report.

....., 19.....

Albert Hoff
Registrar.

Filed 8-7 1922

Albert Hoff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 11 1958
FEB 6 1961

845-125-031-315

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

City of Russell

Registration District No. 47 File No. 104017

No. Idaho St.

Primary Registration District No. Registered No. 185

Hospital R. F. D.

FULL NAME OF CHILD Lowell Nathan Hunter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ma. Hunter	FULL MAIDEN NAME	Frances Langdon
RESIDENCE	Russell Ida	RESIDENCE	Russell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Orofino Idaho

19

Albert Huff
Registrar

Filed 8-7 1922 Albert Huff
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
SEP 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP [illegible] 192[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Orofino R.F.D. 1

File Number: 104017

Street:

Registration Dist. No.: 3

County: Lewis

Sex of Child: Male

Date of Birth: June 23 192 2

Father: Milton Hunter (Full Name)

Mother: Eduarco Luna (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lowell Nathan Hunter
Child's Name in Full

Mr. & Mrs. Milton Hunter
Signature of Father or Mother

NOV 29 1948

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

367-231-031-553

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED AUG 29 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104018

County of Lewis

City of Russell

District No. 47 File No. 169

No. R.T.D. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Mollie Christina Cox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 31 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Cox	FULL MAIDEN NAME	Stella Nelson
RESIDENCE	Russell Ida	RESIDENCE	Russell, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wn	BIRTHPLACE	Wn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Orofino, Idaho

19

Albert Huff
Registrar

Filed July 31 1922

Albert Huff
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

219-118·03 - 49

1-1-18

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. Route 2 St.

Hospital

RECEIVED AUG 29 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 104019

Primary Registration District No. Registered No. 190

FULL NAME OF CHILD ~~Barbee Eldon~~ ELDON LaVON Barbee

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male		2	Yes	7 ~~14~~ 18th 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Barbee	FULL MAIDEN NAME	Maud Mitchell
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor MD
(Physician or midwife)

Given names added from a supplemental report.

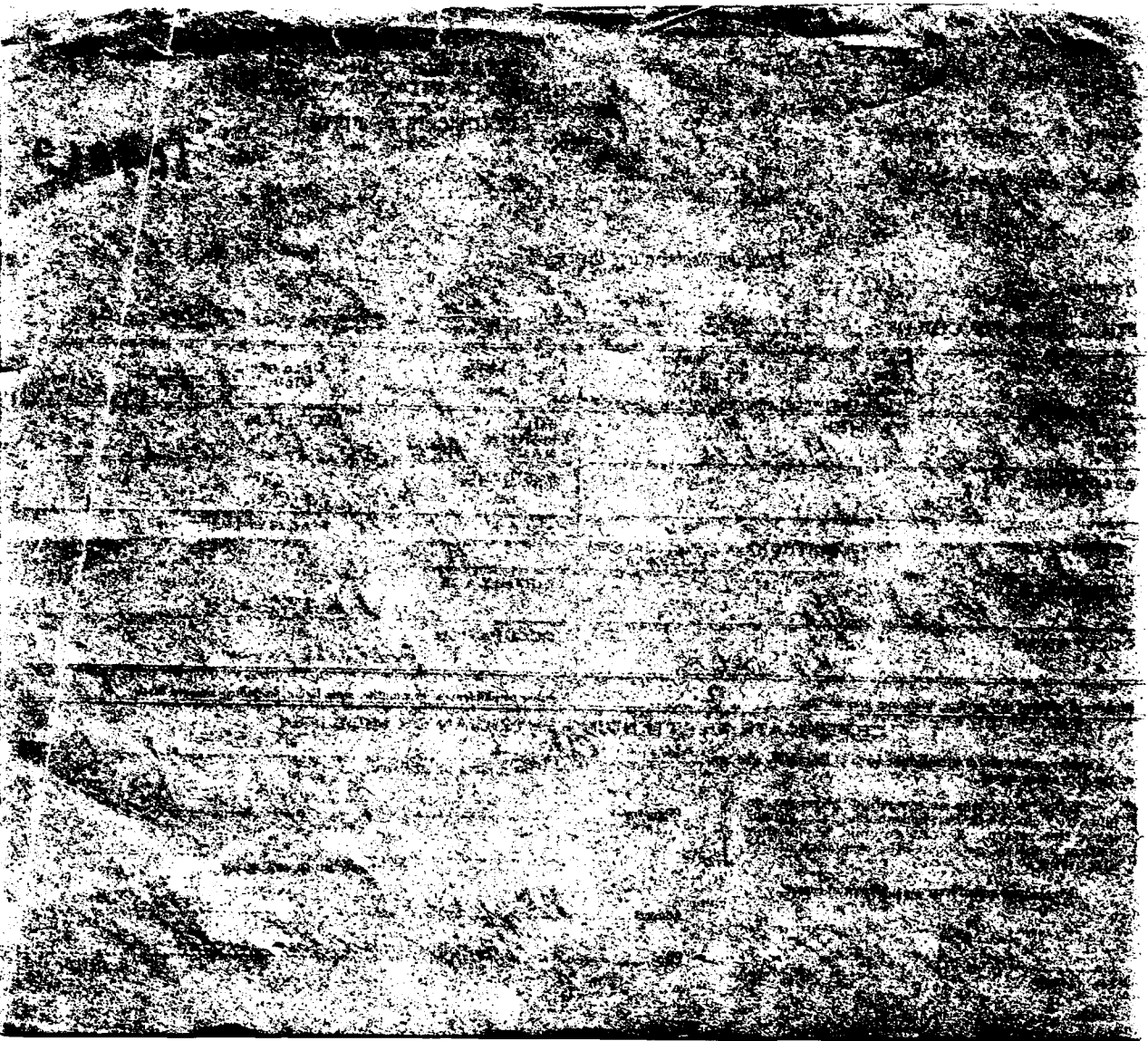
Address Nezperce Idaho

19

Albert Hoff Registrar

Filed Aug. 1922 Albert Hoff Registrar

S-Y CO. 24656



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Lewis } ss.

Certificate No. 104019

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Eldon LaVon Barbee (Name on Original Certificate) who was (Was Born or Died) on July, 18, 1922 (Date of Event)
in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by own knowledge of father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elden	Eldon LaVon Barbee
Date	July 14	July 18, 1922

Subscribed and sworn to before me this 2
day of June, , 19 42

Notary Public, residing at Nezperce, Idaho
My commission expires June, 23, 1943
(Seal)

Signed Joe R Barbee Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Nezperce, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Lewis } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2
day of June, , 19 42

Notary Public, residing at Nezperce, Idaho
My commission expires June, 23, 1943
(Seal)

Signed Emma Mitchell
(Signature of Any Credible Person Other Than Previous Year)
Grand Mother
Nezperce, Idaho
(Street Address, City, State)

JUN 11 1942

JUN 10 1942

492-104-031-259

PLACE OF BIRTH

RECEIVED AUG 29 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce, RFD.

No. ..... St.

Registration District No. 47 File No. 104020

Hospital ..... Primary Registration District No. ..... Registered No. 191

FULL NAME OF CHILD John Harvey Mikkelson (Mikkelson)
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	---		---	Yes Yes	Aug. 4 1922.

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Henry Clay Mikkelson	FULL MAIDEN NAME	Elizabeth Belle Seigert
RESIDENCE	Nezperce, RFD.	RESIDENCE	Nezperce, RFD.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	(28)
BIRTHPLACE	Hystead, Nebr.	BIRTHPLACE	Weston, Oregon.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Albert Huff
Registrar.

Address Craigmont, Idaho.

Filed 8-26 1922 Albert Huff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2

235 122 03 869

PLACE OF BIRTH

RECEIVED
SEP 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce R.F.D.

No. ..... St.

Registration District No. GV

File No. 104022

Hospital .....

Primary Registration District No. 2129

Registered No. 39

FULL NAME OF CHILD Kenneth Burton Stephens
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	No	Aug 22 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag no 3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	George William Stephens	FULL MAIDEN NAME	Cora Alice Horning
RESIDENCE	Nezperce R.F.D.	RESIDENCE	Nezperce R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Arkansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10. 66P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R E Dunlop M.D.

(Physician or midwife)

Give names added from a supplemental report.

Address Cornwallis Idaho

....., 19....

Filed 8/31 1922 R E Dunlop
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 6 1965

215-103-071-265

PLACE OF BIRTH

RECEIVED
SEP 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104023

County of Lewis

City of Craigmont, RFD. No. St.

Registration District No. XS 50 File No. 52

Hospital

Primary Registration District No. 2129 Registered No. 35

FULL NAME OF CHILD Frank Julius Sander
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	Yes	Aug 3 1922

What bactericidal solution was used in eyes? Argos

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Paul John Sander	FULL MAIDEN NAME Erna Helen Koepen
RESIDENCE Craigmont, RFD.	RESIDENCE Craigmont, RFD.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Germany	BIRTHPLACE Germany
OCCUPATION Ranch -aborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A E Dunlap M D
(Physician or midwife)

Address Craigmont, Idaho.

Filed 9/5 1922. A E Dunlap
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

944-217-031-369

PLACE OF BIRTH

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

RECEIVED SEP 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 60 File No. 104024

Primary Registration District No. 2129 Registered No. 36

FULL NAME OF CHILD Edith Virginia Rukman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	+		+	Yes	July 17 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag. No3

Number of child of this mother, including present birth. One Number of child of this mother now living, including present birth. One

FATHER		MOTHER	
FULL NAME	Valentine H. Rukman	FULL MAIDEN NAME	Helen Curless
RESIDENCE	Reubens, Ida	RESIDENCE	Reubens, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Lawrence Co. Missouri	BIRTHPLACE	Fulton Co. Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jem Langhlin
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Winchester Ida

Filed 8/3 1922 R E Dwelle M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 2 1975

618-208-037-593

PLACE OF BIRTH

RECEIVED
SEP 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont, RFD. No. ____ St.

Registration District No. 50 File No. 104025

Hospital ____ Primary Registration District No. 2129 Registered No. 37

FULL NAME OF CHILD Lois Irene Way
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Aug 8, 1922

What bactericidal solution was used in eyes? Argo3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Clyde Bertell Way	FULL MAIDEN NAME Hannah Selma Nilson
RESIDENCE Craigmont, RFD.	RESIDENCE Craigmont, RFD.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Moscow, Idaho.	BIRTHPLACE Nebraska
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P-C Dunlap M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Filed 9/8 1922. P C Dunlap
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1942

915-106-07-414

PLACE OF BIRTH

County of Lewis

City of Graigmont

No. ____ St. ____

Hospital ____

RECEIVED SEP 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 50 File No. 104026

Primary Registration District No. 2129 Registered No. 78

FULL NAME OF CHILD Robert Will Randall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet—— or other? (To be answered only in event of plural births)	Number in order of birth ——	Legitimate?	Date of birth (Month) Aug. (Day) 6 (Year) 192[illegible]
male			Yes	

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 5 Number of child of this mother now living, including pr

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Wesley Randall	Minnie Anna Damro
RESIDENCE	Graigmont, RFD.	Graigmont, RFD.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	AGE BI
BIRTHPLACE	N. Carolina	Minn.
OCCUPATION	Rancher	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ____ (Born alive or stillbo) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Dunlap
(Physician or midwife)

Address Graigmont, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 9/9 192[illegible] P. E. Dunlap
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

655-131-072-451

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

[redacted] TATE OF IDAHO
OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104027

County of Lincoln

City of Ketchum

Registration District No. 16

File No.

No. St.

Primary Registration District No. 246 Registered No. 41

Hospital

FULL NAME OF CHILD John Andrew Onrido

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			Yes	July	31	1922

	FATHER	MOTHER
FULL NAME	Rupert Onrida	FULL MAIDEN NAME Antonia Mabel
RESIDENCE	Gretrich	RESIDENCE Gretrich
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Spain	BIRTHPLACE Spain
OCCUPATION	Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar.

Filed August 9 1922 [signature]
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

265-225-032-352

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln.

City of Shoshone

No. ..... St. ..... Registration District No. N. Shoshone. File No. 104028

Hospital ..... Primary Registration District No. 1016 Registered No. 39

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Mary Boesigar.
(Certificate of no value without full name of child.)

Sex of Child	Twin X Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female.		yes!	7-25-22. 192....

What bactericidal solution was used in eyes? 20 % Argyrol.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Antone Boesigar,	FULL MAIDEN NAME	Mary Lestenberger.
RESIDENCE	N. Shoshone, Ida.	RESIDENCE	N. Shoshone, Ida.
COLOR	White! AGE AT LAST BIRTHDAY 34 (Years)	COLOR	White, AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Switzerland.	BIRTHPLACE	Switzerland.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4-30 A. M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Drane M.

Physician.
(Physician or midwife)

Address Shoshone, Idaho.

Filed July 29 1922 J L Fuller
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

265-225-032-352

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104029

County of Lincoln. City of ..... No. ..... St. Registration District No. N. Shoshone, File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. 40

FULL NAME OF CHILD Ellen Boesigar,
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X		yes	7-25- 22. 192

What bactericidal solution was used in eyes? 20 % Argyrol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Antone Boesigar,	FULL MAIDEN NAME: Mary Lestenberger,
RESIDENCE: No. Shoshone, Idaho.	RESIDENCE: No. Shoshone, Ida.
COLOR: White,	COLOR: White,
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Switzerland.	BIRTHPLACE: Switzerland.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3-45 A. M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Evans M.D.

Physician.
(Physician or midwife)

Address Shoshone, Idaho.

Filed July 29 1922 J L Evans
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-216-032519

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
AUG 1 [illegible]

County of Lincoln

City of Shoshone

Registration District No. 16 File No. 104030

No. ..... St.

Primary Registration District No. 2016 Registered No. 38

Hospital D[illegible]

FULL NAME OF CHILD Frances Katherine Mathews

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	July 16 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank J. Mathews	FULL MAIDEN NAME	Katherine H. Harris
RESIDENCE	Hill City Ida	RESIDENCE	Hill City Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth — Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 3 25 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed July 20 1922 [signature] Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB

2/22/1947

3/20/1941

365-17-0732-433

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104031

County of Lincoln.

City of Shoshone.

No. ..... St.

Hospital Joy.

Registration District No. 16

Primary Registration District No. 1016

File No. .....

Registered No. 37

FULL NAME OF CHILD Thomas Gay Conaway.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		Yes.	7-17-22 192...

What bactericidal solution was used in eyes? Sol Argyrol 20%.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Thomas L. Conaway.	FULL MAIDEN NAME	Lena S. McCoy.
RESIDENCE	Tuttle, Idaho.	RESIDENCE	Tuttle, Idaho.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Kansas.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, **at** 4-25 A. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Leane MD

Physician.
(Physician or midwife)

Address Shoshone, Idaho.

Filed July 17 1922 J. L. Tucker
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Baker }

Certificate No. 104031

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Thomas Gay Conaway (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 17 1922 (DATE OF EVENT)
in Shoshone Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Edwin L. Conaway	Thomas Gay Conaway

Subscribed and sworn to before me this 18 day of Feb 1942, 19 .....

R D Sheeley

Notary Public, residing at Sumpter Oregon

My commission expires Oct 27 1943

(SEAL)

Signed Lena S Brittain

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Sumpter Oregon

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Baker }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of Feb 1942, 19 .....

R D Sheeley

Notary Public, residing at Sumpter Oregon

My commission expires Oct 27 1943

(SEAL)

Signed Chancey L. Conaway

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Sumpter Oregon

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB By

666-130-032-225

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC W[redacted]
BUREAU OF VITAL STA[redacted]

CERTIFICATE OF BIRTH

RECEIVED AUG 17 192[illegible] BUREAU OF VITAL STATISTICS

County of Lincoln

City of Shoshone

Registration District No. ..... File No. 104034

No. ..... St.

Primary Registration District No. ..... Registered No. 33

Hospital Joy

FULL NAME OF CHILD Robert Maurice Woods.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in [redacted] of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	June 30 1922

FATHER		MOTHER	
FULL NAME	Robert F. Woods.	FULL MAIDEN NAME	Caroline L. Skeen
RESIDENCE	Dietrich Idaho	RESIDENCE	~~Plain city Utah.~~ Dietrich Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missoura.	BIRTHPLACE	Plin city Utah.
OCCUPATION	Farmer	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

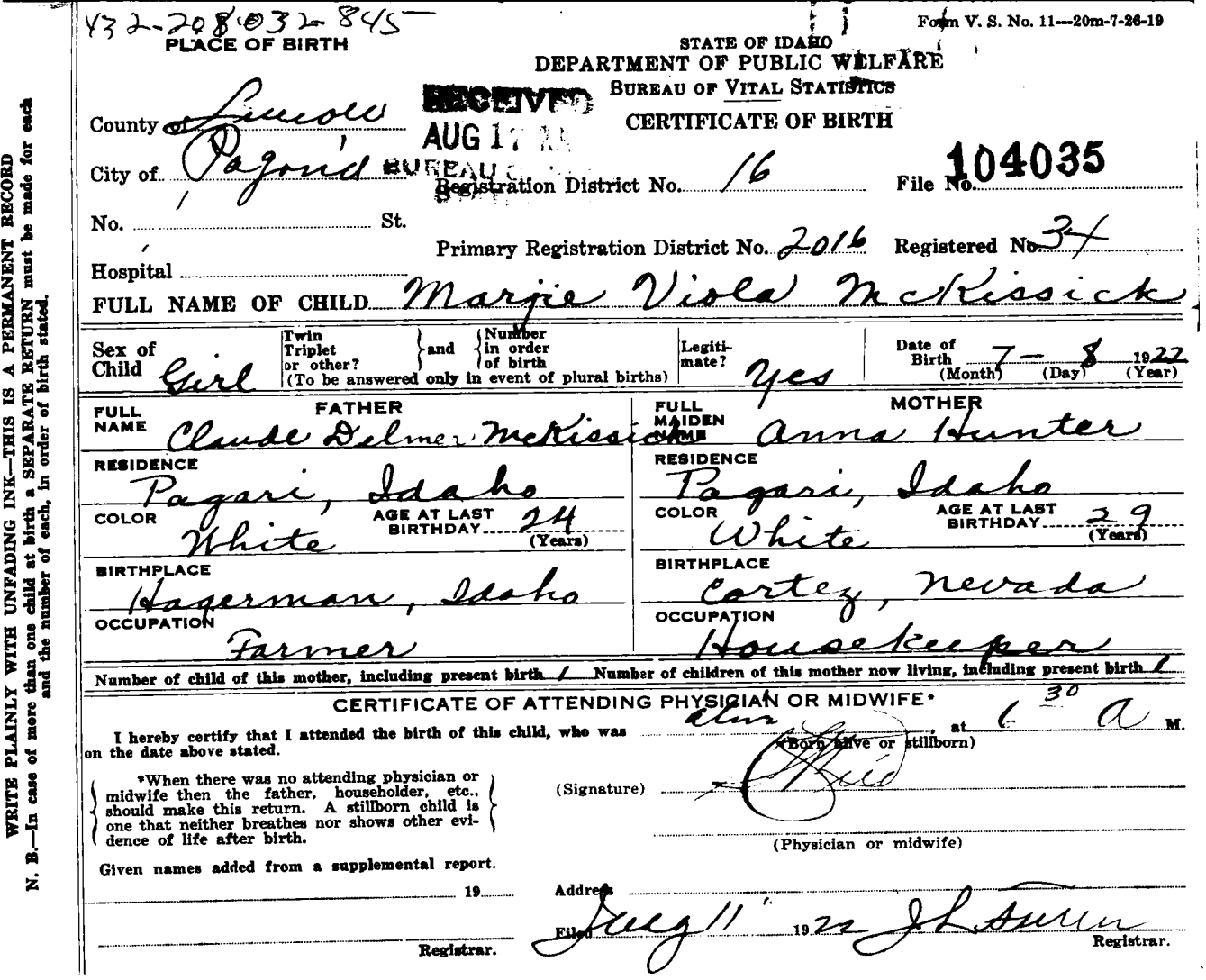
Address .....

Filed July 12 1922 [signature] Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



432-208-032-845

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 ... BUREAU ...

CERTIFICATE OF BIRTH

County of Lincoln

City of Pagoda

Registration District No. 16 File No. 104035

No. ..... St.

Primary Registration District No. 2016 Registered No. 34

Hospital .....

FULL NAME OF CHILD Marjie Viola McKissick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	7 – 8 1922

FATHER		MOTHER	
FULL NAME	Claude Delmer McKissick	FULL MAIDEN NAME	Anna Hunter
RESIDENCE	Pagari, Idaho	RESIDENCE	Pagari, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Hagerman, Idaho	BIRTHPLACE	Cortez, Nevada
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed Aug 11 1922 J L Turner Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1967
NOV 1 4 1973

958-103-032-275

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-8-17

Registration District No. .....

Primary Registration District No. .....

File No. 104036

Registered No. 63

FULL NAME OF CHILD ..... Thomas Whitman Reynolds

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 3 22

FATHER	MOTHER
FULL NAME: Floyd E Reynolds	FULL MAIDEN NAME: Dorthy E Hardy
RESIDENCE: Richfield	RESIDENCE: Richfield
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Jackson Mich	BIRTHPLACE: Minneapolis
OCCUPATION: Post Master	OCCUPATION: House Wife

Number of child of this mother, including present birth .... 6 .... Number of children of this mother now living, including present birth .... 6 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ....., at 9 30 P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Bloom M D
(Physician or midwife)

Address Richfield

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 10 19 22

O F Bloom
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4197-101-032-419

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED SEP 6 1922 BUREAU OF VITAL STATISTICS

County of Lincoln

City of Richfield

No. 7 mi N-East

Registration District No. 17

File No. 104037

Primary Registration District No.

Registered No. 64

Hospital

FULL NAME OF CHILD Charles Martin Dixon

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 1 1922

FATHER

FULL NAME: Elmer C Dixon

RESIDENCE: Richfield 9 mi North East

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Seattle Wash

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Nora Viola Martin

RESIDENCE: Same

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Picabo Idaho

OCCUPATION: House wife

Number of child of this mother, including present birth: 4. Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 1230P M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O R Bloom MD (Physician or midwife)

Address Richfield Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed Sept 2 1922 O R Bloom Registrar

369212-033-293

PLACE OF BIRTH

RECEIVED SEP 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WEL[redacted]
BUREAU OF VITAL STATISTICS

[redacted] 14

CERTIFICATE OF BIRTH

County of

City of

No. St.

Hospital

Registration District No. 100 File No. 104038

Primary Registration District No. 2178 Registered No. 208

FULL NAME OF CHILD D.

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One		—	Yes	8 12 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	D. W. Lards.	FULL MAIDEN NAME	Ruby Kite
RESIDENCE	Labell Ida.	RESIDENCE	Rigby #3. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Hunnington Wt	BIRTHPLACE	Millville Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11.30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson

Physician

(Physician or midwife)

Address Rexburg Ida.

Filed 31 1924 [illegible]

Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-216-073-354

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 104039

Primary Registration District No. 1178 Registered No. 209

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	One		—	Yes	5	16	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth none

FATHER		MOTHER	
FULL NAME	Leo Wardle	FULL MAIDEN NAME	Maud Tempist
RESIDENCE	Pocatello Ida	RESIDENCE	Rexburg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Rexburg Ida
OCCUPATION	R. R. Breaksman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Still Born 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Parkinson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Rexburg Ida

Filed 31 1922 R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-217.033-312

PLACE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104040

Registration District No. 100 File No. _____

Primary Registration District No. 247 Registered No. 210

FULL NAME OF CHILD Katherine Kasaka

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or Other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Only	—	Yes	June 17 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Joseph Kasaka	FULL MAIDEN NAME Manca Takaguse
RESIDENCE	Rexburg Ida	RESIDENCE Rexburg Ida
COLOR	Japanese	COLOR Jap
AGE AT LAST BIRTHDAY	40 (Years)	24 (Years)
BIRTHPLACE	Japan	Japan
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. K. Parkinson

Physician

(Physician or midwife)

Address Rexburg Ida

Filed July 3 1922 [illegible]

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 22-198737

415-217-073-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 5 1927 VITAL STATISTICS

County of [illegible]

City of [illegible]

No. [illegible] St.

Hospital

Registration District No. 100 File No. 104041

Primary Registration District No. 217 Registered No. 211

FULL NAME OF CHILD Vera Manwaring

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	and	Yes	5 17 1927

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	D. H. Manwaring	FULL MAIDEN NAME Zella Hart
RESIDENCE	Rexburg Idaho	RESIDENCE Rexburg Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	36	23
BIRTHPLACE	Mapleton Ut.	BIRTHPLACE Marion Ida
OCCUPATION	Railsman	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 3:30 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson

Physician

(Physician or midwife)

Address Rexburg Ida

Filed 30 1927 R. Ivory

Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

The name of your baby was not filled in on the birth certificate sent to this office. It is [illegible] ort-ance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Reyburg
Street 269 So 1st E.
County Madison

File Number 104041

Registration Dist. No.

Sex of Child Female

Date of Birth Aug 17-22 192

Father David Heber Manwaring
Full Name

Mother Sarah Zella Hart
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Vera Manwaring
Child's Name in Full

D. H. Manwaring
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-219-033-819

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Madison

City of Archer Ida

Registration District No. 100 File No. 104042

No. ....., ... St.

Primary Registration District No. 2178 Registered No. 212

Hospital .....

FULL NAME OF CHILD Dora Burns

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	Aug. 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Linus Burns	FULL MAIDEN NAME	Mable Harrington
RESIDENCE	Archer Ida.	RESIDENCE	Archer Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah S. Briggs

(Physician or Midwife)

Given names added from a supplemental report

Address Archer Idaho

Filed 7/30 1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Ottus Lyon Co., Tenn. & Burn. 17326

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Archer
- Street: .....
- County: Madison

File Number: 104042

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Aug 19 1922

Father: Edward [illegible] Burns
Full Name

Mother: Mable Harrington
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Dora Burns
Child's Name in Full

[illegible]
Signature of Father or Mother

JAN 22 1945

...AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

493-223-033-384

PLACE OF BIRTH

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Thornton

Registration District No. 100 File No. 104043

No. ..... St.

Primary Registration District No. 2178 Registered No. 213

Hospital no

FULL NAME OF CHILD Nola Ray Dickson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	No		✓	yes	Aug. (Month) 23 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Judson Dickson	FULL MAIDEN NAME	Gundel Lyman
RESIDENCE	Thornton - Ida	RESIDENCE	Thornton - Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Morgan - Utah	BIRTHPLACE	Hyrum - Utah
OCCUPATION	Farmer	OCCUPATION	house - wife

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Sutherland

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg - Idaho

Filed 8/30 1922 [illegible] Registrar

Registrar

1% solution of Ag NO; used in infants eyes [illegible]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBL

Boise, Idaho, SEP. 9 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City [illegible]; Street ...; County Madison

File Number 104043

Registration Dist. No. ...

Sex of Child Female

Date of Birth Aug 23 1922

Father [illegible] Dickson (Full Name)

Mother [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mola Kay Dickson
Child's Name in Full

[illegible] Dickson
Signature of Father or Mother

JAN 2 2 1975

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

713-124-033-459

PLACE OF BIRTH

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Registration District No. 100 File No. 104044

Hospital ..... Primary Registration District No. 178 Registered No. 214

FULL NAME OF CHILD Preston Merrill Packer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Only	—	Yes	June 2nd 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	L. C. Packer	Sarah Merrill
RESIDENCE	Rexburg Ida.	Rexburg Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Franklin Ida	Preston Ida.
OCCUPATION	School Teacher	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Parkinson

Physician

(Physician or midwife)

Address Rexburg Ida.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 9/30 1922 J. Bywater Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 5 1942

NOV 21 1973

319-127-033-863

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg, Ida

No. ..... St. ..... Registration District No. 100 File No. 104045

Hospital ..... Primary Registration District No. 2178 Registered No. 215

FULL NAME OF CHILD Don Holley Carlson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	One		—	Yes	8	27	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	A. E. Carlson	FULL MAIDEN NAME	Stella Halley
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Ogden Utah
OCCUPATION	Plumber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Parkinson
Physician
(Physician or midwife)

Address Rexburg Ida

Filed 30 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1944

DEC 30 1943

JUL 13 1943

415-213-033-819

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104046

County of Madison

City of Sugar

No. ..... St.

Registration District No. 10

File No. .....

Hospital .....

Primary Registration District No. 2178

Registered No. 216

FULL NAME OF CHILD Phyllis Davis.

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 13 1922.

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank LeRoy Davis	Alvaretta Harmon
RESIDENCE	Sugar City Idaho	Sugar City Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	45
BIRTHPLACE	Nevada-	Utah.
OCCUPATION	Cashier - Bank.	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) T. A. Ellison M.D.
(Physician or midwife)

Address Sugar City -

Filed 8/30 1922 W. E. [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1943

235-208-033-595 Child's name added 9-13-90 MCM

PLACE OF BIRTH

RECEIVED SEP 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Registration District No. 100 File No. 104047

Hospital ..... Primary Registration District No. 217 Registered No. 217

FULL NAME OF CHILD FAYE ZELDA Bledsoe
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Aug 8 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

	FATHER		MOTHER
FULL NAME	Marion Bledsoe	FULL MAIDEN NAME	Mary Hazel Niederer
RESIDENCE	Newdale Idaho	RESIDENCE	Newdale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kansas City Mo.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Ellison
M.D.
(Physician or midwife)

Address Sugar City Idaho

Filed 8/30 1922 J. Reining
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-16-90

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUL 31 1990
VITAL STATISTICS UNIT

State of CALIFORNIA
County of ORANGE } ss

Certificate No. 104047
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Baby Girl Bledsoe (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 8, 1922 (Date of Event)
in Sugar (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl Bledsoe	Faye Zelda Bledsoe

Subscribed and sworn to before me this 26th day of JULY, 19 90

X Notary Public, Susan E Waymire
Residing at WESTMINSTER, CALIFORNIA
My commission expires APRIL 15, 1994
(Seal)

X Faye Zelda Bledsoe Weller
Signature of Applicant
X 1734 Mill Cr. Hntg. Bch Ca.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of
County of
The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this day of 19

SUSAN E. WAYMIRE
OFFICIAL SEAL
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
ORANGE COUNTY
My Commission Expires April 15, 1994

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

1cc PA

SEP [illegible] 1990

LDS MEMBERSHIP RECORD shows Faye Zelda Bledsoe born Aug 8, 1922 in Sugar City to Marion Bledsoe and Mary Hazel Niederer and blessed Nov 5, 1922 by Lester L Hansen. Viewed by VS.

CA marriage certificate shows Virgil Ray Welker and Faye Zelda Harmon were married Nov 12, 1965 in Huntington Beach, CA by Rev Ralph E Jason. Viewed by VS.

559.208.037.285

PLACE OF BIRTH

[redacted]

BUREAU OF VITAL STATISTICS

RECEIVED SEP 5 1922

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ____ St.

Hospital

Registration District No. 100 File No. 104048

Primary Registration District No. 2718 Registered No. 218

FULL NAME OF CHILD Marian Neibaur

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 8 1922

What bactericidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Thomas Croft Neibaur	Sarah Lois Shepard
RESIDENCE	Logan Utah	Logan Utah
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Idaho	Utah
OCCUPATION	Student, Agricult.	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.22 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Ellison M.D.

(Physician or midwife)

Address Sugar City, Ida.

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Aug 30 1922 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993.124-033-635

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Registration District No. 100

File No. 10449

Hospital .....

Primary Registration District No. 278

Registered No. 217

FULL NAME OF CHILD Eugene F. Ricks

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 24 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Clarence Edwin Ricks	FULL MAIDEN NAME Annie Eudora Fletcher
RESIDENCE	Sugar City	Sugar City
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	25
BIRTHPLACE	Salem, Idaho	Cennonville, Utah
OCCUPATION	Farming	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 40 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... **Registrar.**

(Signature) J. A. Ellison M.D.

(Physician or midwife)

Address Sugar City Idaho

Filed Sept 5 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1953

419-224-037-295

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St. Registration District No. 100 File No. 104050

Hospital ..... Primary Registration District No. 2178 Registered No. 220

FULL NAME OF CHILD ~~Baby~~ Marler June Mirene
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	yes	Aug. 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William Allen Marler	FULL MAIDEN NAME	Mary Jane King
RESIDENCE	Sugar City Ida	RESIDENCE	Sugar City Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Ellison
M.D.
(Physician or midwife)

Address Sugar City, Ida

Filed 8/30 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RAL REASONS WHY A CERTIFI
CH CHILD AND THE SAME COMP

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City: Sugar City
Street:
County: Madison

File Number: 104050

Registration Dist. No.:

Date of Birth: Aug 24 1922

Sex of Child: Female

Father: William Allen Marler
Full Name

Mother: Mary Jane King
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

June Mirene Marler
Child's Name in Full

W. A. Marler
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

324-119-033-642

PLACE OF BIRTH

RECEIVED SEP 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Sugar ... of Madison

No. ..... St. Registration District No. 100 File No. 104051

Hospital ..... Primary Registration District No. 278 Registered No. 271

FULL NAME OF CHILD Ryogi Tsukagoshi

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 19 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charlie Tsukagoshi	FULL MAIDEN NAME	Yosu Okuma
RESIDENCE	Sugar City Ida.	RESIDENCE	Sugar City, Ida.
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Allison M.D. (Physician or midwife)

Address Sugar City Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 9/30 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

619-102-034-168

RECEIVED SEP 1924 BUREAU OF VITAL STATISTICS

County of Minadoka

City of Heyburn

No. ____ St. ____

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19

Primary Registration District No. 2015

File No. 104052

Registered No. 129

FULL NAME OF CHILD Orrin Warner
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 2, 1922

What bactericidal solution was used in eyes? 10 % Solution argyrol freshly prepared

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wilson Adolph Warner	FULL MAIDEN NAME	Mable Ann Johansen
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Coyote Utah	BIRTHPLACE	Farwell Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rick

Physician
(Physician or midwife)

Address Burley, Idaho.

Filed Sept. 2 1922 W. A. Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

104025

239-221-034-212

PLACE OF BIRTH

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 104053

Primary Registration District No. 2015 Registered No. 130

FULL NAME OF CHILD Edna Beth Strawbhaar
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	8 21 1922

What bactericidal solution was used in eyes? Ag. No. 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jacob Strawbhar	FULL MAIDEN NAME	Fideldia Babbitt
RESIDENCE	Rupert	RESIDENCE	Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Switzerland	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groome
Physician
(Physician or midwife)

Address Rupert Idaho

Filed [redacted] E. H. Elman
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ATTACHED

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH

dup of 1922-284153

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert Idaho

Place of Birth — Street:

Place of Birth — County: Minidoka

File Number: 104053

Registration Dist. No.:

Date of Birth: August 21 192.2.

Sex of Child: Female

Father: Jacob Strumbhaar (Full Name)

Mother: Sarah Fidelia Bubbett (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edna Beth Strumbhaar (Child's Name in Full)

Mrs Jacob Strumbhaar (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

262-210-034-512

PLACE OF BIRTH

RECEIVED SEP 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104054

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. .....

Hospital ..... Primary Registration District No. 2015 Registered No. 131

FULL NAME OF CHILD Yayeko Kosaiku
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	8 - 10 1922

What bactericidal solution was used in eyes? ag no 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	S. K. Kosaiku	FULL MAIDEN NAME	Maze Nakamura
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Idaho
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. P. Groom
M. D.
(Physician or midwife)

Address Rupert Idaho

Filed Sept. 2 1922 E H Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-108-034-284

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. 104055

Hospital ..... Primary Registration District No. 2015 Registered No. 132

FULL NAME OF CHILD Glenn Neil Morley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	9 - 8 1922

What bactericidal solution was used in eyes? Ag. Nos.

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Wilford Morley	FULL MAIDEN NAME	Mary C Symes
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Graham

M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Rupert Idaho

Filed Sept 2 1922 Ett Ehmon
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OHAO HO STATE

RECEIVED
OCT 23
BUREAU OF VITAL
STATISTICS

Dear Madam:

[illegible]e name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Rupert
- Street: C
- County: Idaho

File Number: 104055

Registration Dist. No.:

Date of Birth: Aug 8 1922

Sex of Child: Male

Father: Wilford Morley
Full Name

Mother: Mary Christina S[illegible]
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Glenn Neil Morley
Child's Name in Full

Mary C Morley
Signature of Father or Mother

NOV 27 1944

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

238-112-034-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 5 1922 BUREAU OF VITAL STATISTICS

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 104056

Primary Registration District No. 2815 Registered No. 133

FULL NAME OF CHILD Myron Delmar Scholes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	1		1	yes	Aug 12 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Myron Scholes	FULL MAIDEN NAME	Ova Waive Grace
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Missouri
OCCUPATION	Optometrist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, 10:50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fayre Kenagy MD

(Physician or midwife)

Address Rupert

Filed Sept. 2 1922 E H Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 18 19[illegible]
BUREAU OF [illegible]
[illegible]

OF PUBLIC [illegible]ELFARE

Boise, Idaho, [illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert

Place of Birth — Street:

Place of Birth — County: Minidoka

File Number: 104056

Registration Dist. No.:

Sex of Child: Male

Date of Birth: August 12 192 2

Father: John Myron Scholer (Full Name)

Mother: Waive Grace (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Myron Delmar Scholer
Child's Name in Full

Waive Grace Scholer
Signature of Father or Mother

AUG 2 8 19

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

313-209-0324-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP [illegible] 1922
BUREAU

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 104057

Primary Registration District No. 3015 Registered No. 134

FULL NAME OF CHILD Venus Cottrell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 9th 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Red Bradley Cottrell	FULL MAIDEN NAME	Emma Lora Martindale
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert, Idaho
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Plumber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 940 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician
(Physician or midwife)

Address Rupert, Idaho

Filed Sept 2 1922 Ed O Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4

219-121-034265

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 104058

Primary Registration District No. 2015 Registered No. 135

FULL NAME OF CHILD Robert Frederick Barber
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Aug 21st 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Richard Barber	FULL MAIDEN NAME	Saramay Boelter
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Nebraska
OCCUPATION	Stock Raising (Sheep)	OCCUPATION	Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert Idaho

Filed Sept 2 1922 E H Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 1969

AUG 1 1 1968

413-231-034-863

PLACE OF BIRTH

RECEIVED SEP 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. 104059

Hospital ..... Primary Registration District No. 2015 Registered No. 136

FULL NAME OF CHILD Lois Louise Mackrill
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Aug. 31st 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Paul Lyman Mackrill	FULL MAIDEN NAME	Mary Thelma Hockaday
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:15 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho

Filed Sept 7 1922 E. W. Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 4 1975

999-101-035-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

of Ney Perce

City of Lewiston

RECEIVED

Registration District No. 96

File No. 104060

No. ..... St.

BUREAU OF VITAL STATISTICS

Primary Registration District No. 1009

Registered No. 147

Hospital St Joseph

FULL NAME OF CHILD Myron Leroy Rizer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	July 1 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Myron Stimpson Rizer	FULL MAIDEN NAME	Blanche Sargent
RESIDENCE	Portland	RESIDENCE	Attalia Wn
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Wash
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5:45 P M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Lyle

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Ida

..... 19 .....

Filed 8/9/ 19 22 F. T. Harris, M.D.

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8/9/02-035297

PLACE OF BIRTH

AUG 17 19..

BUREAU ... STAT...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. R.F.D. 2 St.

Registration District No. 96 File No. 104061

Hospital

Primary Registration District No. 1009 Registered No. 148

FULL NAME OF CHILD Robert Lyle Harter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	July 2 1922

What bactericidal solution was used in eyes? Silver nitrat 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Geo. Earl Harter	FULL MAIDEN NAME	Mabel Bixby
RESIDENCE	Lewiston Ida. R-2	RESIDENCE	Lewiston Ida. R-2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo	BIRTHPLACE	Wash
OCCUPATION	Orchardist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle
Physician
(Physician or midwife)

Address Lewiston Ida

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 8/9/ 1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

554-103-035-818

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 29th St.

Hospital

RECEIVED AUG 17 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 104062

Primary Registration District No. 1009 Registered No. 149

FULL NAME OF CHILD Delbert Le Roy Nedrow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 3 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Harvey Franklin Nedrow	FULL MAIDEN NAME Velma Arelia Hayden
RESIDENCE Lewiston	RESIDENCE Lewiston
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Maryland	BIRTHPLACE Washington
OCCUPATION Shoe Repair - Vocational Training	OCCUPATION House Wife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:59 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Gist M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston, Ida.

Filed 8/9/ 1922 F.T.Harris, M.D.

Registrar

S-Y-CO 38071

DEC 3 19[illegible]
MAR 12 1962
JAN 14 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

742-204-035-291

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 104063

No. ..... St.

Primary Registration District No. 1009 Registered No. 150

Hospital St. Joseph

FULL NAME OF CHILD Celeste Marie Gusman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7 - 4 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alex H. Gusman	FULL MAIDEN NAME	Bertha Mae Brammer
RESIDENCE	Lewiston Ida.	RESIDENCE	Lewiston, Ida.
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Idaho.
OCCUPATION	Auto dealer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Ida.

Filed 8/9/ 19 22 F. T. Harris, M.D. Registrar

..... Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JUL 6 1942

6-7-50

154-205-075-245

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104064

County of Nez Perce
City of Lewiston
No. 154 main st.
Hospital White
Registration District No. 96
Primary Registration District No. 1009
File No.
Registered No. 151

FULL NAME OF CHILD Marjorie Lucile Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	July 5 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Marshfield Whitney Anderson	FULL MAIDEN NAME	Grace Helen Imelen
RESIDENCE	1707 6th St Lewiston Ida	RESIDENCE	1707 6th St. Lewiston Ida
COLOR	White	COLOR	Wht
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Boise Idaho	BIRTHPLACE	Burke Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Clark
Physician
(Physician or midwife)
Address Lewiston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 8/9/1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 31 1950

355-108-035-795

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 104065

No. 302 Snake River Ave.

Primary Registration District No. 1009 Registered No. 152

Hospital

FULL NAME OF CHILD Kenneth Nelse Lee

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	July 8 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin Lee	FULL MAIDEN NAME	Dorothy Greenough
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Truck driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Lewiston, Ida.

Filed 8/9/ 1922 F. T. Harris, M.D.
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

29 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-647

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Registration District No. 96

File No. 104066

Primary Registration District No. 1009

Registered No. 153

FULL NAME OF CHILD Emmerson C. Bishop

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes.	7-8-22

FATHER

FULL NAME: Emerson C. Bishop

RESIDENCE: Clarkston Wn.

COLOR: W. AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Ills.

OCCUPATION: Ry Clerk.

MOTHER

FULL MAIDEN NAME: Lillian Mae. Aldrich

RESIDENCE: Clarkston Wn.

COLOR: W. AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Minn

OCCUPATION: Home Wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston, Ida.

Filed 8/9/1922 F. T. Harris, M.D.

Registrar

c.c. 5/12/41. w.h.

SEP 2 1970

313-110-035-955

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 326 Prospect St.

Registration District No. 96 File No. 104067

Hospital

Primary Registration District No. 1009 Registered No. 154

FULL NAME OF CHILD Ellis Darrell Talbot
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	July 10 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Millard Talbot	FULL MAIDEN NAME	Jennie Reese
RESIDENCE	Asotin Wash	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson
(Physician or midwife)

Address Clarkston, Wa

Filed 8/9/ 1922 F. T. Harris, M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 6 1942

PLACE OF BIRTH

415-111-035-195

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU

CERTIFICATE OF BIRTH

County of Nezperce,
City of Lewiston,
No. 105-17th Ave. St.
Hospital

Registration District No. 96
Primary Registration District No. 1009

File No. 104068
Registered No. 155

FULL NAME OF CHILD Robert LeRoy Manning.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	July 11, 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jonas E. Manning	FULL MAIDEN NAME	Olga M. Axelson
RESIDENCE	Grangeville, Idaho	RESIDENCE	Grangeville, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 A.M. M. (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carsson

(Physician or ~~Midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Lewiston, Idaho.

Filed 8/9/1922 F.T.Harrie, M.D.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/6/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No.....
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of First (Birth or death)
for Earl LeRoy Manning (Name on original certificate) who was born (Was born or died) on July 11, 1922 (Date of event)
in Lewiston, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Earl LeRoy Manning	Robert LeRoy Manning

Subscribed and sworn to before me this 19th day of May, 1941

M. N. Green
Notary Public, residing at Boise, Idaho
My commission expires February 19, 1943
[SEAL]

Signed Olga M. Manning
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of May, 1941

M. N. Green
Notary Public, residing at Boise, Idaho
My commission expires February 19, 1943
[SEAL]

Signed Herman Walker
(Signature of any credible person other than the previous affiant)

Meridian Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

WRITE PLAINLY WITH UNFA[illegible]NG INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child [illegible] SEPARATE RETURN must be made for each and the number [illegible], in order of birth stated.

PLACE OF BIRTH

294-21-035-343

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 1[illegible] BUREAU OF VITAL STATISTICS

Registration District No. 96 File No. 104069

Primary Registration District No. 1009 Registered No. 156

FULL NAME OF CHILD Doris Marie Kruegel
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		yes	July 11 1922

What bactericidal solution was used in eyes? Silver nitrate 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edward Harrison Kruegel	FULL MAIDEN NAME	Tetia Margaret Culton
RESIDENCE	1237 Chestnut Clarkston Wn	RESIDENCE	1237 Chestnut Clarkston Wn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Fargo N Dak	BIRTHPLACE	Palouse Wash
OCCUPATION	Produce man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Clark
Physician
(Physician or midwife)

Address Lewiston Idaho

Filed 8/9/1922 F. T. Harris, M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

[redacted]

Dep of 1922 - 262567

753 43 035 317

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

County of Nez Perce

City of Lewiston

Registration District No. 96

File No. 104070

No. 1504 - Main St.

Primary Registration District No. 1009

Registered No. 157

Hospital White

FULL NAME OF CHILD Ora May Peterson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	July 13 22

FATHER	MOTHER
FULL NAME George Wendall Peterson	FULL MAIDEN NAME Helen May Taplin
RESIDENCE Asotin Wash.	RESIDENCE Asotin Wash
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Asotin Wash
OCCUPATION Mechanic	OCCUPATION House - Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 45 A. M. on the date above stated.

(Born alive ~~dead~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. S. McElvain

(Physician or ~~midwife~~)

Address Asotin Washington

Given names added from a supplemental report.

..... 19.....

Filed 8/9/ 1922 F. T. Harris, M. D.

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 6 1974

DECEASED

234-114035-945

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 17 19[illegible]
BUREAU OF [illegible]

County of Nezperce. City of Lewiston

Registration District No. 96. File No. 104071

No. ..... St.

Primary Registration District No. 1009 Registered No. 158

Hospital 1726-7th Ave.

FULL NAME OF CHILD George Francis Stubblefield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	7 — 14 — 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Owen F. Stubblefield	Nellie E. Ide
RESIDENCE	Lewiston, Ida.	Lewiston
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Oreg.	Wash.
OCCUPATION	Farmer	House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:55 A.M. on the date above stated.

(Signature) W. F. McMahan M.D. (Physician or midwife)

Address Lewiston Ida.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 8/9/ 19 22 F. T. Harris, M.D. Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1942

S-77-115-035-294

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce, RECEIVED AUG 17 1932 BUREAU OF VITAL STATISTICS

City of Lewiston, Registration District No. 96 File No. 104072

No. ____ St. ____

Hospital St. Joseph's Primary Registration District No. 1009 Registered No. 159

FULL NAME OF CHILD GORDON WILLIAM EGGART
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	7-15-1932

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Leonard J. Eggart	FULL MAIDEN NAME	Violet C. Brunner,
RESIDENCE	Sweetwater, Idaho	RESIDENCE	Sweetwater, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Nebraska
OCCUPATION	Farmer,	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. C. Pearson

(Physician or midwife)

Address Lewiston, Idaho.

Filed 8/9/1932 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 104072

JAN 13 1943
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Eygert	Eggert
Name	Unnamed	Gordon William Eggart

Subscribed and sworn to before me this 11
day of _____, 1943

Notary Public, residing at Post Falls

My commission expires April 1-1946
(Seal)

Signed Mrs. A. L. Eggart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 14 1943

433-115-035-362

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

Registration District No. 96 File No. 104073

No. 1916 - 8th Ave. St.

Primary Registration District No. 1009 Registered No. 160

Hospital

FULL NAME OF CHILD Frank McClain.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes.	7 - 15 - 1922

FATHER	MOTHER
FULL NAME Harold E. McClain.	FULL MAIDEN NAME Marjorie Mae Cosgrove.
RESIDENCE Lewiston	RESIDENCE Lewiston, Ida.
COLOR W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Ida.	BIRTHPLACE Mo.
OCCUPATION Flour Mill Work.	OCCUPATION House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

Lewiston, Ida.
(Physician or midwife)

Doctor of Medicine

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 8/9/ 19 22 F. T. Harris, M. D.
Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

443-215-035-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104074

County of Nez Perce
City of Lewiston
No. 1504 main St.
Hospital White

RECEIVED AUG 7 1922 BUREAU OF VITAL STATISTICS

Registration District No. 96
Primary Registration District No. 1009
File No.
Registered No. 161

FULL NAME OF CHILD Mary Helen Mulhall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 15 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Earl Ambrose Mulhall	FULL MAIDEN NAME	Sylvia Augusta Parker
RESIDENCE	Grangeville Idaho	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Rockwalley Iowa	BIRTHPLACE	Grangeville Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. D. Clark
Physician
(Physician or midwife)
Address Lewiston Idaho

Filed 8/9/1922 F. T. Harris, M. D.
Registrar.

WRITE PLAINLY—UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1942

MAY 19 1942

S15-116-035-258

PLACE OF BIRTH

County of Nezperce

City of Lewiston

No. Tammany St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

RECEIVED AUG 11 1922 BUREAU OF VITAL STATISTICS

Registration District No. 96 File No. 104075

Primary Registration District No. 1009 Registered No. 162

FULL NAME OF CHILD James Rodney Vannice

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes.	7-16-1922

FATHER		MOTHER	
FULL NAME	Vernon L. Vannice	FULL MAIDEN NAME	Grace J. Snyder
RESIDENCE	Lewiston	RESIDENCE	Lewiston, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wn	BIRTHPLACE	Neb.
OCCUPATION	Farmer & Teacher	OCCUPATION	House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan M. D.
(Physician or midwife)

Address Lewiston, Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 8/9/19 22 F. T. Harris, M. D.
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/20/41. w.h.

692-17103

PLACE OF BI[redacted]

[redacted] WELFARE
[redacted]TISTICS
[redacted] BIRTH

County of Nez[redacted]

City of Lew[redacted]

No. 1437-[redacted] St.

File No. 104076

Hospital

Primary Registration District No. 1009

Registered No. 163

FULL NAME OF CHILD David Bailey Olson

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	July 17 1922

What bactericidal solution was used in eyes? Silver nitrate 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Aaron Olson	FULL MAIDEN NAME	Annie Matilda Ashley
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Sweden	BIRTHPLACE	England
OCCUPATION	Warehouseman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., **at** 3:30 a M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Lyle

Physician

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....

Registrar.

Address Lewiston, Ida.

Filed 8/9/ 1922 F.T.Harris, M.D.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1942

157-117-075-417

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104077

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 164

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 17 1922

What bactericidal solution was used in eyes? 1% sol. of AgNO3

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Angelo	FULL MAIDEN NAME	Angelena Dage
RESIDENCE	East Lewiston	RESIDENCE	East Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Gardener	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Perkins
(Physician or ~~midwife~~)

Address Lewiston Idaho

Filed 8/9/1922 F. T. Harris, M. D.
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDA:

DEPARTMENT OF PUBLIC W

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number .....104077.....

Registration Dist. No.....

Sex of Child.....Male.....

Date of Birth .....192....

Father .....
Full Name

Mother .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

319-119-035-817

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 1504 Main St.

Hospital White

Registration District No. 96 File No. 104078

Primary Registration District No. 1009 Registered No. 165

FULL NAME OF CHILD Gordon Woodrow Lawson

Sex of Child male | Twin, triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth July (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Louis L. Lawson	FULL MAIDEN NAME	Amanda Hagan
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 9 35 P. M. on the date above stated.

(Signature) Edgar L. White

(Physician or Midwife)

Address Lewiston Idaho

Filed 8/9/ 19 22 F.T.Harris, M.D.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1969

MAY 7 1969

465-123-235-575

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston, Ida.

No. ____ St.

Registration District No. 96 File No. 104079

Hospital ____ Primary Registration District No. 1009 Registered No. 166

FULL NAME OF CHILD Vearl Francis Duncan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	7- 23- 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: William D. Duncan	FULL MAIDEN NAME: Ada J. Van Dyk
RESIDENCE: Lapwai Road, Lewiston, Idaho	RESIDENCE: Lapwai Road, Lewiston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Wisconsin
OCCUPATION: Dairyman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 1:30 P.M. on the date above stated.
(Born alive or ~~dead~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carson
(Physician or ~~Midwife~~)

Address Lewiston, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 8/9/ 1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

163-224-035 -459

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 150 Idaho St

St.

Registration District No. 96

File No. 104080

Primary Registration District No. 1009

Registered No. 167

Hospital

FULL NAME OF CHILD Ruby Juliett[illegible] Goldberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 24 1922

FATHER	MOTHER
FULL NAME: Julius Goldberg	FULL MAIDEN NAME: Alice Meruinsky
RESIDENCE: Lewiston, Idaho	RESIDENCE: Lewiston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 58 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: France	BIRTHPLACE: Hungary
OCCUPATION: Dyer and cleaner	OCCUPATION: House-Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White

(Physician or midwife)

Address Lewiston, Idaho

Given names added from a supplemental report.

19

Registrar

Filed 8/9/19 22 F. T. Harris, M.D.

Registrar

S-Y-CO 38071

K

DEC 22 1954

DECEASED

653-126-035-658

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Nezperce

City of Spaulding

No. ..... St. ..... Registration District No. 96 File No. .....

Hospital ..... Primary Registration District No. 1009 Registered No. 168

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104081

FULL NAME OF CHILD Leonard Dale Welch
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	July 26 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William O. Welch	FULL MAIDEN NAME	Grace Fehling
RESIDENCE	Spaulding, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:30 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Braddock
(Physician or midwife)

Address Lewiston, Ida.

Filed 8/9/1922 F. T. Harris, M.D.
Registrar.

Give names added from a supplemental report.

....., 19.....

Braddock, ...
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

261-128-035-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104082

RECEIVED AUG 11 19 BUREAU OF VITAL STATISTICS

County of Nezperce

City Lewiston

No. ..... St.

Registration District No. ## 96 File No. .....

Hospital St. Joseph Primary Registration District No. 1009 Registered No. 169

FULL NAME OF CHILD Andrew Emil Swanson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 28 1927

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Mr. C. Swanson	FULL MAIDEN NAME	Eulana Peterson
RESIDENCE	22nd St Lewiston	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D Alley
(Physician or midwife)

Address Lewiston, Idaho

Filed 8/9/1927 F. T. Harris, M.D.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 24 1954

JUN 16 1954

MAY 25 1954

Registrar.

655-131-035-864

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. 104083

Hospital St Joseph Primary Registration District No. 1009 Registered No. 170

FULL NAME OF CHILD Thomas Ambrose Feeney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	July 31 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thomas A Feeney	FULL MAIDEN NAME	Christine Young
RESIDENCE	Genesee, Ida	RESIDENCE	Same
COLOR	White AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Lawyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H G Braddock
(Physician or midwife)

Address Lewiston, Ida

Give names added from a supplemental report.

....., 19....

Braddock
Registrar.

Filed 8/9/ 1922 F. T. Harris, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-221-035 296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce
City of Agatha
No. ..... St.
Hospital Home

RECEIVED AUG 22 1922 BUREAU OF VITAL STATISTICS

Registration District No. 68 File No. 104084
Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Margaret Ruth Coffland
(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth July 21 (Month) (Day) 1922 (Year)

What bactericidal solution was used in eyes? Argyrol 25% Sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	George Milton Coffland	FULL MAIDEN NAME	Louie Inez Brown
RESIDENCE	Slickpoo Idaho	RESIDENCE	Slickpoo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nicola, Idaho	BIRTHPLACE	Battle Creek, Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otteraasen
Physician
(Physician or midwife)
Address Kendrick Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 8-10 1922 R. F. Peppel Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1942

419-126-035-419

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

Registration District No. 92

File No. 104085

No. ____ St.

Primary Registration District No. 2170

Registered No. 6

Hospital ____

FULL NAME OF CHILD Clark Percy Darrah Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	8 26 1922

FATHER

FULL NAME Clark P. Darrah

RESIDENCE Gifford

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Ida

OCCUPATION Mail carrier

MOTHER

FULL MAIDEN NAME Alta Markham

RESIDENCE Gifford

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Ida

OCCUPATION Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

19____

Registrar

Address ____

Filed 8-26 1922

E. E. Watts
Registrar

859.1-15-035 291

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 1922 BUREAU OF VITAL STATISTICS

104086

County of Nez Perce

City of Gifford Registration District No. 92 File No.

No. St.

Primary Registration District No. 2170 Registered No. 3

Hospital

FULL NAME OF CHILD Norbert Louis Hartman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M			yes	8	15	1922

FATHER		MOTHER	
FULL NAME	Louis E Hartman	FULL MAIDEN NAME	Mary Brammer
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ill	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) E. E. Watts

(Physician or midwife)

Address

Filed 8-15 1922 E. E. Watts Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

NOV 5 1942

DECEASED

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-208-075-26 RECEIVED SEP 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104087

County of Nez Perce

City of Gifford

Registration District No. 92

File No. 10

No. ..... St.

Primary Registration District No. 2170

Registered No. 4

Hospital .....

FULL NAME OF CHILD MARY ELLEN DIECKHOFF ~~Mary Dieckhoff~~

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes	8 8 1922

FATHER		MOTHER	
FULL NAME	Wm T. Dieckhoff	FULL MAIDEN NAME	Mrs B Boyd
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ill	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E. Watts

(Physician or midwife)

Given names added from a supplemental report.

19.....

Address .....

Registrar

Filed 8-8 1922

E E. Watts
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Lewis } ss.

Certificate No. 104087

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Ellen Dieckhoff (Name on Original Certificate) who was born (Was Born or Died) on August 8, 1922 (Date of Event)
in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on August 8, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary	Mary Ellen Dieckhoff

Subscribed and sworn to before me this 29th day of June, 1942.

Notary Public, residing at Craigmont

My commission expires 8-13-45
(Seal)

Signed Mrs. Ines Dieckhoff
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Reubens Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 3 1942

JUL 6 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

215-123-935-853

County of Key Peine

City of Sweetwater

No. ..... St.

Hospital .....

RECEIVED SEP BUREAU STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104088

Registration District No. 97 File No. .....

Primary Registration District No. 3174 Registered No. .....

FULL NAME OF CHILD Ralph Francis Sanders

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Aug 23 192

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Benjamin Sanders	FULL MAIDEN NAME	Anna DeSomar
RESIDENCE	Sweetwater	RESIDENCE	Sweetwater
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Germany	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was twin (Born alive or stillborn), at 4:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William H Stahl M.D.

(Physician or midwife)

Address Lapwai

Filed Aug 23 1923 William H Stahl

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

413/23.235 754

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104089

County of Nez Perce
City of Sweetwater
No. ..... St.
Registration District No. 97
File No. .....
Hospital .....
Primary Registration District No. 274
Registered No. .....

FULL NAME OF CHILD George Henry Mattoon Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	V	1	yes	Aug 23 1922

What bactericidal solution was used in eyes? 25% Argyrol.

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	George H. Mattoon	FULL MAIDEN NAME	Pearl Anderson
RESIDENCE	Sweetwater - Ida.	RESIDENCE	Sweetwater
COLOR	W —	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30 -	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho -	BIRTHPLACE	Mont.
OCCUPATION	Miner.	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:55 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William H. Habel M.D.
(Physician or midwife)

Address Lapwai - Ida.

Filed 7/23 1922 William H. Habel
Registrar.

Give names added from a supplemental report.

..... 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 24 1943

MAY 29 1943

7562-21-075-714

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 6 1927 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 104090

County of Nez Perce
City of Culdesac R.F.D.
No. ..... St.
Registration District No. 97
Hospital ..... Primary Registration District No. 2174 Registered No. .....

FULL NAME OF CHILD ~~Elizabeth~~ George NINA THELMA GEORGE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Aug 17 1927

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Frank George	FULL MAIDEN NAME	Edna Garnet
RESIDENCE	Culdesac R.F.D.	RESIDENCE	Culdesac R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. Hatch M.D.
(Physician or midwife)

Address Lapwai Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Aug. 19 1927 William P. Hatch
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Clearwater } ss.

Certificate No. 104090

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elizabeth George (Name on Original Certificate) who was born (Was Born or Died) on Aug. 17, 1922 (Date of Event)
in Culdesac, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Elizabeth George	Nina Thelma George

Subscribed and sworn to before me this 6
day of June 19 44
Carroll E. Brock
Notary Public, residing at Orofino, Idaho
My commission expires 12/30/45
(Seal)

Signed Edna George Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Orofino, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Clearater } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6
day of June, 19 44
Carroll E. Brock
Notary Public, residing at Orofino, Idaho
My commission expires 12/30/45
(Seal)

Signed Jeanette Eldemann
(Signature of Any Credible Person Other Than Previous Year)
Orofino, Idaho
(Street Address, City, State)

K

JUN 13 1944

795-102-077-445

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 2 1922 BUREAU OF VITAL

CERTIFICATE OF BIRTH

104091

County of Owyhee

City of Grand View

No. ..... St.

Hospital .....

Registration District No. 74 File No. .....

Primary Registration District No. 2151 Registered No. 34

FULL NAME OF CHILD David LeRoy Gress
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 2 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. LeRoy Gress	FULL MAIDEN NAME	Sady Munger
RESIDENCE	Grand View	RESIDENCE	Grand View
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. J. Eckenbeck
Physician
(Physician or midwife)

Address Grand View

Filed Sept 1922 W. J. Eckenbeck
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 24 1970

[redacted] 619-B1-001-924

OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104092

County of Ada

City of Grand View

No. ____ St.

Registration District No. 74 File No. 1

Hospital ____ Primary Registration District No. 2151 Registered No. 35

FULL NAME OF CHILD Dudley Lee Warner
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		Yes	Aug 21 1927

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James Dudley Warner	FULL MAIDEN NAME	Lora Isaacs
RESIDENCE	Grand View, Ada Co.	RESIDENCE	Grand View, Ada Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	North Dakota	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W. J. Erkenbeck

Physician
(Physician or midwife)

Address Grand View

Filed Sept 1 1927 W J Erkenbeck
Registrar.

Give names added from a supplemental report.

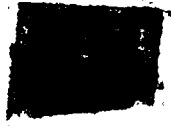
....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1944



S 22-12 -212

PLAC[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104093

County of [redacted]

City of Grand View

No. ..... St.

Hospital .....

Registration District No. 74 File No. 1

Primary Registration District No. 2151 Registered No. 36

FULL NAME OF CHILD William E. Ekstein
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug 24 1922

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Samuel Leroy Ekstein	FULL MAIDEN NAME	Jessie Hazel Basey
RESIDENCE	Elk Basin Wyoming	RESIDENCE	Elk Basin Wyoming
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W J Eckenbeck
Physician
(Physician or midwife)

Address Grand View

Filed Sept 1 1922 W J Eckenbeck
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-115-037-793

PLACE OF BIRTH

RECEIVED
SEP 5 1922
BUREAU OF VI
STATISTI

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

104094

County of Owyhee

City of Homedale Registration District No. 130 File No.

No. St.

Primary Registration District No. Homedale Registered No.

Hospital

FULL NAME OF CHILD George Edward Wing

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	July 15 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George E Wing	Edna C Pitzer
RESIDENCE	Homedale	Homedale
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	33
BIRTHPLACE	Colo	Colo
OCCUPATION	Farmer	Hse

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 1/4 a M. on the date above stated. 20 July 1922

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M D
(Physician or midwife)

Given names added from a supplemental report

Aug 1 1922

S Hopper
Registrar

Address Homedale

Filed Aug 1 1922

S Hopper
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-227-077-413

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104095

County of Owyhee

City of Homedale Registration District No. 130 File No.

No. St. Child's name added 10-11-07 ns

Primary Registration District No. Homedale Registered No.

Hospital

FULL NAME OF CHILD Ruby Elcelia Stover

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M				yes	July 27 1922

FATHER		MOTHER	
FULL NAME	James C Stover	FULL MAIDEN NAME	Genera E Mallory
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 30 P M. (Born alive or stillborn) on the date above stated. July 27 1922

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M D

(Physician or midwife)

Given names added from a supplemental report.

Aug 1 1922 S. Hopper Registrar

Address Homedale

Filed Aug 1 1922 S. Hopper Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 1 8 1975

RECEIVED
DEC 1 1 2007

RECEIVED
DEC 1 1 2007

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of HAWAI
County of HONOLULU } SS

Certificate No. 22-104095
Date Filed 09-05-22

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for unnamed Stover (Name on Original Certificate) who was born (Was Born, Died, etc.) on 07-27-22 (Date of Event)

in Homedale (Owyhee Co) (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's first name	unlisted	Ruby
child's middle name	unlisted	Elcelia
mother's middle name	~~E~~ DJP	~~Lenora~~ DJP

Subscribed and sworn to before me this 4 DEC 2007 day of

Notary Public, [signature]
Residing at HON HI
My commission expires 6-26-09
(Seal)

[signature]
Signature of Applicant
45-104 WAKAPOKI ST
KANEOHE, HI 96744
Street Address, City, State and Zip

15

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } SS

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of

Notary Public,
Residing at
My commission expires
(Seal)

Signature of Applicant
Street Address, City, State and Zip

AFFIDAVIT SIGNED BY DAVID PARKER-CLOSEST LIVING RELATIVE

ID BC 42-360858 FOR DAVID LEE PARKER BORN 10-14-42 IN CALDWELL (CANYON CO)
SHOWING MOTHER'S NAME AS RUBY ELCELIA STOVER VIEWED BY VS

ID DL FOR RUBY ELCELIA PATTERSON SHOWING 30B AS 07-27-22 ISSUED 07-29-99
VIEWED BY VS

419-123-277-432

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Owyhee

RECD SEP 5 192 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104096

City of Homedale

Registration District No. 130 File No.

No. St.

Primary Registration District No. Homedale Registered No.

Hospital

FULL NAME OF CHILD Charles Ruskin Martin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Aug 23 1922

FATHER		MOTHER	
FULL NAME	Geo H Martin	FULL MAIDEN NAME	Sylvia E McKague
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ill	BIRTHPLACE	Neb
OCCUPATION	Mail Carrier	OCCUPATION	Hse

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 55 A M. on the date above stated. Aug 23 1922

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M D

(Physician or midwife)

Given names added from a supplemental report.

Sept 1 1922

Simeon Hopper
Registrar

Address Homedale

Filed Sept 1 1922 S Hopper
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1942

662-128-037-464

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED SEP 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale

Registration District No. 130 File No. 104097

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Harold Alfred Foss

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Aug 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar Foss	FULL MAIDEN NAME	Muriel E Dodge
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	N Y	BIRTHPLACE	W Yo
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 15 A M. on the date above stated. 20% argyrol

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

Mr (Physician or midwife)

Given names added from a supplemental report.

Sept 1 1922 Address Homedale

S Hopper Registrar

Filed Sept 1 1922 S Hopper Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP - 9 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .... Homedale

Street .....

County .... Owyhee

File Number 104097

Registration Dist. No. .....

Date of Birth ... Aug. 28 ..... 192 2

Sex of Child ..... Male

Father .. Oscar Thormod Foss (Full Name)

Mother .. Muriel Edith Dodge (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Harold Alfred Foss (Child's Name in Full)

Mrs. Oscar Foss (Signature of Father or Mother)

JUN 1 9 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

749-22-038-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 12 1922 BUREAU OF VITAL STATISTICS

County of Payette

City of New Plymouth

No. 1782 St.

Registration District No. 5 File No. 104099

Hospital

Primary Registration District No. 2007 Registered No. 2

FULL NAME OF CHILD Vina Bernice Purcell
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fe		Yes	Aug 22 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Elmer Floyd Purcell	FULL MAIDEN NAME	Marie Slater
RESIDENCE	New Plymouth, Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D
(Physician or midwife)

Address New Plymouth Ida

Give names added from a supplemental report.

8/27, 1922

Wm J. Drysdale
Registrar.

Filed 8/25 1922 Wm J. Drysdale
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1942

JAN 9 1943

238229.038-433

PLACE OF BIRTH

RECEIVED SEP 2 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104100

County of Payette

City of New Plymo[redacted]

No. ..... St. Registration District No. 5 File No. .....

Hospital ..... Primary Registration District No. 1009 Registered No. 22

FULL NAME OF CHILD Maxine C. Schieber
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Aug 29 1922

What bactericidal solution was used in eyes? argyrol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles A. Schieber	FULL MAIDEN NAME	Maud McCuan
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ore.	BIRTHPLACE	Ill.
OCCUPATION	Contractor & Builder	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M.D.
(Physician or midwife)

Address New Plymouth, Ida

Filed 8/29 1922 Wm T. Drysdale
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

819-11-8-039-441 childs name amend 3-9-84 dl Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104101

RECEIVED AUG 17 1922 REGISTRAR OF VITAL STATISTICS

County of Power City of ..... No. ..... St. .....

Registration District No. 27 File No. 9

Primary Registration District No. 2072 Registered No. 428

Hospital .....

FULL NAME OF CHILD Neal Frank Hartley

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth 2 | Legitimate? Yes | Date of Birth June 18 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Frank Hartley

RESIDENCE Rockland.

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Eveline Uday

RESIDENCE Rockland.

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 00 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) V. G. Logan

Physician

(Physician or midwife)

Address American Falls

Filed 8-3 1922 R. J. Nolte Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DECEASED

2-21-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 28 9 59 AM '84

State of _____
County of _____ } ss.

Certificate No. 104101
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Verda Hartley (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 18, 1922 (Date of Event)

in Power County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
~~childs name~~	Verda Hartley	Neal Frank Hartley

Subscribed and sworn to before me this 24 day of Feb, 1984.
Notary Public, Janet Lammack
Residing at Rockland, Id.
My commission expires 4-20-84
(Seal)

X Neal Frank Hartley
Signature of Applicant
X Rockland, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Power } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of Feb, 1984.
Notary Public, Janet Lammack
Residing at Rockland, Idaho
My commission expires 4-20-84
(Seal)

Lelia U. Hartley
Supporting Signature
Rockland, Idaho Box 116
Street Address, City, State
83271

Certificate of Blessing from LDS Church gives Neal Frank Hartley born June 18, 1922 at Rockland son of Frank Hartley and Evelyn Udy was blessed June 13, 1923. Viewed by V.S.

MAR 9 1984

Certificate of Baptism from LDS Church gives Neal Frank Hartley born June 18, 1922 at Rockland to Frank Hartley and Evelyn Udy and was baptised July 5, 1930. Viewed by V.S.

391-120-079-864

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of

No. St.

Hospital

Registration District No. 25

File No. 104102

Primary Registration District No. 2072

Registered No. 424

FULL NAME OF CHILD ~~Not named~~ Kenneth Crawford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		8	yes	June 20 1922

FATHER

FULL NAME James Newton Crawford

RESIDENCE American Falls

COLOR White

AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Indiana

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ethel Houpt

RESIDENCE American Falls

COLOR White

AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Indiana

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) V. G. Logan

Physician

(Physician or midwife)

Address American Falls.

Filed 8-3 1922 R. F. Nott

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APPLICATION FOR A BIRTH CERTIFICATE

Address correspondence and make money order payable to

BUREAU OF VITAL STATISTICS
Department of Public Health
Boise, Idaho

10 4 102

To avoid errors and unnecessary delays, use typewriter:

Full name of child Kenneth Crawford

City and county of birth American Falls, Power County, Idaho

Date of birth June 19, 1922 June 20, 1922 is the correct birthdate, the error is mine. 104102

Name of father James Newton Crawford

Maiden name of mother Ethel Houpt

Name of attending physician or midwife Dr. Logan

Person making request Mrs. J. N. Crawford (Mother) x Ethel Houpt Crawford

Present P. O. address Groveland, California

Certified copies are 50¢ each, payable by money order in advance.
NO copies made C O D or without remittance in hand.

JUL 23 ...

JUN 25 1942

Subscribed and sworn to before me this 10th day of June 1942

VS 34

THIS IS NOT A BIRTH CERTIFICATE

Orville Leach Notary Public
... for the County of Riverside, State of California

My Commission Expires Sept. 11, 1944.

JUL 13 1942

JUL 25 1942

25-1-105-034-418

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of

No. St.

Registration District No. 25

File No. 104103

Primary Registration District No. 2072

Registered No. 425

Hospital

FULL NAME OF CHILD Logan Oscar Beam

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		one	Yes	July 5 1922

FATHER		MOTHER	
FULL NAME	Carse Beam	FULL MAIDEN NAME	Beulah May
RESIDENCE	Rockland	RESIDENCE	Rockland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Okla	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) V. G. Logan

Physician

(Physician or midwife)

Address American Falls

Filed 8-9 1922 R. F. Nolte

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 28 1942

219-209-039-845

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104104

County of Power

City of

Registration District No. 25 File No. 9

No. St.

Primary Registration District No. 2072 Registered No. 426

Hospital

FULL NAME OF CHILD Not named Betty Ruth Barnes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	Yes	July 9 1922

FATHER

FULL NAME Walter Cragg Barnes

RESIDENCE Rockland

COLOR White

AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE California

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Polly May Hunsaker

RESIDENCE Rockland

COLOR White

AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) W. J. Logan

Physician
(Physician or midwife)

Address American Falls

Filed 8-3 1922 R. T. Nolk
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RE
SEP
PUBLIC

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP - 9 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rockland

Street:

County: Power

File Number: 104104

Registration Dist. No. 2

Sex of Child: Female

Date of Birth: July 9th 192..

Father: Walter E. Barnes (Full Name)

Mother: Pollie R. May Barnes (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Betty Ruth

Child's Name in Full

Mrs Pollie R. Barnes

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
LED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage gitimacy.

It enables the Public Health Nurse to make sure the child has rotected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
0. Just at this time while many of the Ex-Service men are com- to furnish certified copies of certificates of birth, it is im- that the certificates be filed with the BUREAU OF VITAL STATIS- d the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

014-118-039-245

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

No. ..... St.

Registration District No. 25 File No. 10405

Hospital ..... Primary Registration District No. 2072 Registered No. 427

FULL NAME OF CHILD Elden William Wade

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	July 18 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lawrence Berthon Wade	FULL MAIDEN NAME	Pearl Florence Bunderson
RESIDENCE	American Falls, Idaho	RESIDENCE	American Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) M. C. MacKinnon M.D

Physician

(Physician or midwife)

Address Aberdeen Ida

Filed 8-3 1922 R. F. Nolte Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1945

318-123-039-168

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104106

County of Power

City of

Registration District No. File No. 9

No. St.

Primary Registration District No. Registered No. 428

Hospital

FULL NAME OF CHILD Delbert George Layland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			1	Yes	June 23 1922

FATHER

FULL NAME Andrew Jackson Layland

RESIDENCE American Falls

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Wyoming

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Jessie Johnson

RESIDENCE American Falls

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan

Physician
(Physician or midwife)

Address American Falls

Given names added from a supplemental report.

19

Registrar

Filed 8-3 1922 R. F. Voth
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1948

DECEASED

285-223-039269

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED AUG 17 1922 VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104107

County of Power

City of

Registration District No. 23 File No. 1

No. St.

Primary Registration District No. 2072 Registered No. 429

Hospital

FULL NAME OF CHILD Betty Siegrist

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3 — 4	Yes	June 23 1922

FATHER

FULL NAME Louis Leo Siegrist

RESIDENCE Rockland

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Neb.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Myrtle Sorenson

RESIDENCE Rockland

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) V. G. Logan

Physician (Physician or midwife)

Address American Falls

Filed 8-3 1922 R. J. Nolte Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP - 9 1922 192...

adam:

he name of your baby was not filled in on the birth certificate sent to this office. It is of vital import- have the full name included in the record. Kindly fill in the information requested in the blank below ırn this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

City Rockland

File Number 104107

Street

Registration Dist. No.

County Power

Child Female

Date of Birth June 23 192.2

Louis Leo Siegrist
Full Name

Mother Myrtle Sorensen
Full Maiden Name

3Y CERTIFY that the child described herein has been named:

Betty Siegrist
Child's Name in Full

Myrtle Siegrist
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SH
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE

- - - - - - - - - - -

Birth registration is part of every child's birth

It establishes legally the date of the child's b
and legitimacy.

It enables the Public Health Nurse to make sur
been protected from danger of blindness and other infec

- - - - IT SHOWS AT LATER PERIODS OF LIFE: -

1. The correct age for purposes of school atten
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit proper
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Servi

pelled to furnish certified copies of certificates of t
portant that the certificates be filed with the BUREAU
TICS and the same completed by furnishing the name of

PLEASE ASSIST BY FURNISHING THE NAME OF YOU

Dear M

T
ance to
and retu

Place
of
Birth

Sex of C

Father

I HEREI

.....

861-224-038-815

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

104108

County of Power

City of

No. St.

Registration District No. 22 File No. 9

Primary Registration District No. 2172 Registered No. 480

Hospital

FULL NAME OF CHILD ~~[illegible]~~ BERVIA ELSIE HOAGLAND

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	Yes	June 24 1922

FATHER

FULL NAME Abe ~~[illegible]~~ HOAGLAND

RESIDENCE American Falls

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Elsie Hansen

RESIDENCE Utah

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at [illegible] A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) V. G. Foggy

Physician

(Physician or midwife)

Address American Falls

Filed 8-3 1922 R. J. Nolte

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 104108

State of Idaho } ss.
County of Bonneville }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bervia Elsie Hoagland Christensen (Name on Original Certificate) who Born (Was Born or Died) on June 24, 1922 (Date of Event)
in American Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Bervia Elsie Hoagland
surname	Hogland	Hoagland

Subscribed and sworn to before me this 16th day of May, 19 44

Signed Elsie McCarty
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Idaho Falls, Idaho

Box 1055 Idaho Falls Ida
(Street Address, City, State)

My commission expires August 19, 1945
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May, 19 44

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Idaho Falls, Idaho

(Street Address, City, State)

My commission expires
(Seal)

MAY 17 1944

JUN 5 1975

MAY 22 1974

33-220-0 39-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

No. ____ St.

Hospital Bethany

Registration District No. 25

Primary Registration District No. 2072

File No. 104709

Registered No. 431

FULL NAME OF CHILD Ada Stuart
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		1st	Yes	7-20-1922

What bacterioidal solution was used in eyes? 1% Sol. Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sydney Rexford Stuart	Martha Martin
RESIDENCE	American Falls Ida	American Falls, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Wash.	Idaho.
OCCUPATION	Grain dealer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 7:4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard T. Nolt
(Physician or ~~midwife~~)

Address American Falls, Ida

Filed 8/8 1922 R. T. Nolt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 5 1950

OCT 1 1951

234-220-079-419

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104110

County of Power
City of Am. Falls
No. ..... St.
Hospital Bethany

Registration District No. 25
File No. 9
Primary Registration District No. 2072
Registered No. 492

FULL NAME OF CHILD Mary Stuart
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	—	Second	yes	7 – 20 1922

What bacterieidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Sydney Rapford Stuart	FULL MAIDEN NAME	Martha Martin
RESIDENCE	American Falls	RESIDENCE	Am. Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Idaho
OCCUPATION	Fair dealer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 7 A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard T. Nolte M.D.
(Physician or midwife)
Address American Falls, Ida

Filed 8-8 1922 R. T. Nolte
Registrar.

Give names added from a supplemental report.

....., 19.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

613-12-039-753

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls,

No. ..... St.

Hospital Bethany

Registration District No. 25 File No. 10411

Primary Registration District No. 2072 Registered No. 433

FULL NAME OF CHILD David Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 21 1922

What bactericidal solution was used in eyes? 1/3 silver nit sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Melvin Hiram Walker	FULL MAIDEN NAME	Nell Inna Peterson
RESIDENCE	Rockland	RESIDENCE	Rockland
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Richard F. Nott
(Physician or midwife)

Address American Falls, Ida

Filed 8/3 1922 R. F. Nott
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1974

652.130-039-554

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104112

County of Power

City of American Falls

No. _____ St.

Registration District No. #25 File No. 1

Hospital Bethany

Primary Registration District No. 2072 Registered No. 484

FULL NAME OF CHILD Harrison Kenneth Westfall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	July 30 1922

What bactericidal solution was used in eyes? 10 % Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Frank LeRoy Westfall	Fannie Jessie Verbick
RESIDENCE	Aberdeen Ida	Aberdeen Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	21
BIRTHPLACE	Missouri	Colorado
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:55 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.
Physician
(Physician or midwife)

Address Aberdeen Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed _____ 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464-229.039-357

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104113

County of Power

City of Amer. Falls

Registration District No. 23 File No. 9

No. ..... St.

Primary Registration District No. 2072 Registered No. 433

Hospital .....

FULL NAME OF CHILD Elaine M. Douglas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			2	Yes	July 29 1922

FATHER

FULL NAME Tim Douglas

RESIDENCE American Falls

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Kansas

OCCUPATION Labor

MOTHER

FULL MAIDEN NAME Bora Evans

RESIDENCE American Falls

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was above (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) V. G. Logan M. D.

Physician

(Physician or Midwife)

Address American Falls

Filed 8-8 1922 R. F. North Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 30 11 36 AM '72

State of Idaho
County of Shoshone } ss.

Certificate No. 104113

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Douglas (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1922 (Date of Event)
in American Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Elaine ^ Douglas Mabel

Subscribed and sworn to before me this 24th day of May, 1972

Eva Jamousek
Notary Public, residing at Kellogg Idaho
My commission expires 9/6/1974
(Seal)

Signed Cora Douglas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
125 Kellogg Ave Kellogg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Shoshone } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of May, 1972

Eva Jamousek
Notary Public, residing at Kellogg Idaho
My commission expires 9/6/1974
(Seal)

Signed Mary V Evans
(Signature of Any Credible Person)
Hot Springs S. Dakota
(Street Address, City, State)

FORM DH 60.155 CL 10-30-62. nm

JUL 19 1972

Insurance Policy from Metropolitan Life Insurance Co. gives name as Elaine Douglas XX Policy No. 3539431. Age next Brithdate 12 years. Dated May 21,1934. Viewed by V. S.

Gem State Mutaul Life Assoc., Inc. policy gives name as Elaine N. Arneson. Date Date of policy Feb. 4, 1949. Birth date 7-29-22. Viewed by V. S.

XXXX

112-127-039-244

PLACE OF BIRTH

County of Power

City of

No. St.

Hospital

RECEIVED
JUL 27 1922
OF VITAL
STICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104114

Registration District No. 23 File No. 9

Primary Registration District No. 2072 Registered No. 436

FULL NAME OF CHILD Arthur Leo Jasman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	7-27-1922

What bactericidal solution was used in eyes? 1% Sol. silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Wm Frederick Jasmann	FULL MAIDEN NAME	Mary Rump
RESIDENCE	American Falls, P.O.	RESIDENCE	American Falls, P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	So. Dak.	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12:30 A. M. (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard T. Voth

(Physician ~~or midwife~~)

Address American Falls, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 8/8 1922 R. T. Voth
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AFFIDAVIT OF BIRTH.

STATE OF IDAHO)
: SS.
COUNTY OF POWER)

Mrs Mary Jasman being first duly sworn on oath states that her maiden name was Mary Kump that she was born in Germany November 14th.1887,that she came to the United States via Canada she arrived in Canada in 1894 and came to the United States in February,1912,that she is a naturlized citizen of the United States ,that her husband William F.Jasman was naturlized at American Falls,that he was born and raised an American Citizen but moved to Canada and upon returning was naturlized ,in 1912.

That on July 26th.1922 there was born the issue of the marrage of William F.Jasman and Mary Jasman a son Arthur Leo Jasman,that he was born at American Falls,County of Power State of Idaho on that date. That at the time of his birth there was present Dr R.F.Noth and Mrs.R.F.Noth and a Mrs Confer who was the attending nurse.That she beleives that Mrs R.F.Noth was birth register at the time at American Falls,Idaho but is not certain whether the certificate has been registered or not.That she is sending the batismal certificate with this affidavit.

Dated at American Falls,Idaho this 3rd.day of January,1942.

Mrs. Mary Jasman

Subscribed and sworn to this 3rd.day of January,1942.

Notary Public, residing at
American Falls,Idaho.

JUL 24 1987

AFFIDAVIT OF BIRTH.

STATE OF IDAHO)
: SS.
COUNTY OF [illegible])

Mrs Mary Jasman being first duly sworn on oath states that her maiden name was Mary Kump that she was born in Germany November 14th.1887,that she came to the United States via Canada she arrived in Canada in 1894 and came to the United States in February,1912,that she is a naturlized citizen of the United States ,that her husband William F.Jasman was naturlized [illegible] American Falls,that he was born and raised an American Citizen but moved to Canada and upon returning was nat rlized [illegible] 1912.

That on July 26th.1922 there was born the issue of [illegible] marriage of William F.Jasman and Mary Jasman a son Arthur Leo Jasman,that he was born at American Falls,County of Power State of Idaho on that date. That at the time of his birth there was present Dr R.F.Noth and Mrs.R.F.Noth and a Mrs Confer who was the attending nurse.That she beleives that Mrs R.F.Noth was birth register at the time at American Falls,Idaho but is not certain whether the certificate has been registered or not.That she is sending the batismal certificate with this affidavit.

Dated at American Falls,Idaho this 3rd.day of January,1942.

[illegible]

Subscribed and sworn to this 3rd.day of January,1942.

Notary Public,Residing at
American Falls,Idaho.

26-041-

[redacted]CE OF BIRTH [redacted]TE OF IDAHO

[redacted] OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED SEP 1922 BUREAU OF VITAL STATISTICS

County of Ketchum

City of Driggs

CERTIFICATE OF BIRTH

No. ..... Registration District No. 77 ..... File No. 104115

Hospital ..... Primary Registration District No. 2176 ..... Registered No. 79

FULL NAME OF CHILD (Mary Martin) LENORE

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	July 26 1922

What bactericidal solution was used in eyes? 2 D Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Charles J Martin	FULL MAIDEN NAME	B Candy E Race
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Nebr.	BIRTHPLACE	Penn.
OCCUPATION	Physician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 2 [redacted] M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician

(Physician or midwife)

Give names added from a supplemental report.

..... , 19....

.....

Registrar.

Address Driggs Ida

Filed Aug 30/ 1922 Martha Marker

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] [redacted]

FEB 28 1942

544-203-241-966

PLACE OF BIRTH

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Titon

City of Driggs

No. ..... St. ..... Registration District No. 77 ..... File No. 104116

Hospital ..... Primary Registration District No. 2176 ..... Registered No. 85

FULL NAME OF CHILD Andrew Eddefsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 3 1922

What bactericidal solution was used in eyes? 28% Argyrol

Number of child of this mother, including present birth 3 ..... Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jesse A. Eddefsen	FULL MAIDEN NAME	Ethel Rowley
RESIDENCE	Driggs, Ida	RESIDENCE	Driggs, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Address Driggs, Ida

Filed Aug 30 1922 Martha Marker
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF [illegible]IRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WIT[illegible]THE NAME C

and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Driggs Idaho. Street: ..... County: Teton

File Number: 104116

Registration Dist. No. .....

Sex of Child: girl ... Female

Date of Birth: July 3 1922

Father: Jesse Abener Edlefsen (Full Name)

Mother: Ethel Rowley Edlefsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Audrey Edlefsen
Child's Name in Full

Ethel R. Edlefsen
Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

456-214-541-753

Amended 07-06-06 ns

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

Registration District No. 77 File No. 104117

No. ..... St.

Primary Registration District No. 9176 Registered No. 86

Hospital .....

FULL NAME OF CHILD Myrtle ~~Uvada~~ Uveda Dewey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	April ~~Mar.~~ 14 1922

FATHER		MOTHER	
FULL NAME	George H. Dewey	FULL MAIDEN NAME	Annie ~~Armeta~~ Peterson
RESIDENCE	Victor Ida	RESIDENCE	Victor Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs, Ida

Filed Aug 30/ 1922 Martha Marker

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

? A 1942

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Victor

Street: .....

County: Teton County

File Number: 104117

Registration Dist. No.: 77

Date of Birth: 14 April 1922

Sex of Child: Female

Father: George Alfred Dewey (Full Name)

Mother: Annie Wilhemine Peterson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Myrtle Luada Dewey
Child's Name in Full

Annie W. Dewey
Signature of ~~Father or~~ Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

RECEIVED
VITAL STATISTICS
2006 JUL -3 AM 9:40

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Davis } SS

Certificate No. 22-104117

Date Filed September 5, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Myrtle Urada Dewey (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 14, 1922 (Date of Event)

in Victor (Teton Co.) (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's middle name	Urada	Uveda

Subscribed and sworn to before me this 1 day of July, 2006

Notary Public, Kristen Dickson

Residing at Kaysville

My commission expires 11-15-07

(Seal)

NOTARY PUBLIC
KRISTEN DICKSON
1344 West 4675 South
Ogden, Utah 84409
My Commission Expires
November 15, 2007
STATE OF UTAH

Myrtle D. Ward
Signature of Applicant

847 Shepard Creek Parkway apt B101
Farmington, Utah 84025
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)

(Is not necessary ☒)

State of
County of } SS

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of ,

Notary Public,

Residing at

My commission expires
(Seal)

Signature of Applicant

Street Address, City, State and Zip

06-28-06

LDS RECORD OF BAPTISM & CONFIRMATION DATED 08-02-31 FOR MYRTLE UVEDA DEWEY VIEWED BY VS

LDS CERT OF BIRD FOR MURTLE UVEDA DEWEY DATED 04-09-84 VIEWED BY VS

133220-071-649

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104118

County of Teton

City of Driggs Registration District No. 77 File No.

No. St.

Hospital Home Primary Registration District No. 2176 Registered No. 71

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
girl				yes	8	20	1922

FATHER		MOTHER	
FULL NAME	William a Allen	FULL MAIDEN NAME	Loretta Furniss
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Lander Wyo.	BIRTHPLACE	Ashley Utah
OCCUPATION	farmer	OCCUPATION	mother

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Emily Jr. Beesley

Midwife
(Physician or midwife)

Address Driggs Idaho

Filed Aug 30 1922 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

758-114-041-495

RECEIVED
SEP - 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

104119

County of Teton

City of Driggs Registration District No. 77 File No.

No. St.

Hospital Grandmothers Primary Registration District No. 2176 Registered No. 70

FULL NAME OF CHILD George Wayne Pehrson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	8 14 1922

FATHER	MOTHER
FULL NAME George A. Pehrson	FULL MAIDEN NAME Coter Seulla Dredge
RESIDENCE Tetonia	RESIDENCE Tetonia
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Salt Lake City Utah	BIRTHPLACE Inalad Idaho
OCCUPATION farmer	OCCUPATION mother

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Emily J. Beesley
midwife
(Physician or midwife)

Address Driggs, Idaho

Filed Aug 30 1922 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

DEPARTMENT OF

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Driggs

Street: .....

County: Teton

File Number: 104119

Registration Dist. No.: 37

Sex of Child: Male

Date of Birth: Aug 14 1922

Father: George H Pehrson (Full Name)

Mother: Esther Luella Dredge (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

George Wayne Pehrson (Child's Name in Full)

Luella D Pehrson (Signature of Father or Mother)

JAN 17 1972

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

366127.041.799

PLACE OF BIRTH

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Registration District No. 77 File No. 104120

Hospital ..... Primary Registration District No. 3176 Registered No. 80

FULL NAME OF CHILD Laurence Jenkinson Loosli
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 27 1922

What bactericidal solution was used in eyes? 20 Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Edward S Loosli	FULL MAIDEN NAME	Nellie Price
RESIDENCE	Driggs Idg	RESIDENCE	Driggs Idg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas H Martin
Physician
(Physician or midwife)

Address Driggs Idg

Filed Aug 30 1922 Martha Marker
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Tetonia

Place of Birth — Street: R F D 1

Place of Birth — County: Teton

File Number: 104120

Registration Dist. No.:

Sex of Child: Male

Date of Birth: July 27th 1922.

Father: Edward S. Loosli
Full Name

Mother: Nellie M. Price
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Laurence Jenkinson Loosli
Child's Name in Full

Mrs Ed Loosli
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

966-128-041-614

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104121

County of Teton

City of Tetonia

No.

Hospital

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

Registration District No. 77

File No.

Primary Registration District No. 2176

Registered No. 82

FULL NAME OF CHILD Clifford Charles Rowe
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 28 1922

What bactericidal solution was used in eyes? 20 Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Charles W. Rowe	FULL MAIDEN NAME	Minnie E. Wade
RESIDENCE	Tetonia Ida	RESIDENCE	Tetonia Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Driggs, Ida

Filed Aug 30 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY
FILED FOR EACH CHILD AND THE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Tetonia

Street:

County: Teton

File Number: 104121

Registration Dist. No.: 31

Date of Birth: July 28 1922

Sex of Child: Male

Father: Charles Walter Rowe (Full Name)

Mother: Minnie Edna Wade (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Clifford Charles Rowe (Child's Name in Full)

Mrs. C. W. Rowe (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

380-229-04 219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104122

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. .....

Primary Registration District No. 2176 Registered No. 81

FULL NAME OF CHILD Zelma Fay Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 29 1922

What bactericidal solution was used in eyes? 20 Argyrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Charles A Thompson	FULL MAIDEN NAME	Fannie Barrington
RESIDENCE	Driggs Idy	RESIDENCE	Driggs Idy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Okla.	BIRTHPLACE	Ark.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Address Driggs Idy

Filed Aug 30 1922 Martha Marker
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

TE OF IDAHO

RECEIVED OCT 2 1922 BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE SEP - 9 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Driggs Ida

Street: .....

County: Teton

File Number: 104122

Registration Dist. No: .....

Sex of Child: Female

Date of Birth: July 29 192 2

Father: Charles Albert Thompson (Full Name)

Mother: Fannie Laura Barring (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Zelma Fay Thompson (Child's Name in Full)

Fannie Barrington Thompson (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

813-222-041-155

PLACE OF BIRTH

County of Teton

City of Tetonia

No. ..... St.

Hospital .....

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104123

Registration District No. 77 File No. .....

Primary Registration District No. 2176 Registered No. 83

FULL NAME OF CHILD Una Sarah Hathaway
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 22 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lenard L. Hathaway	FULL MAIDEN NAME	Una F. Jensen
RESIDENCE	Tetonia Ida	RESIDENCE	Tetonia Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mat.	BIRTHPLACE	Mat.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Address Driggs Ida

Filed Aug 30 1922 Martha Marker
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY
FOR EACH CHILD

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Setonia

Street:

County: Seton

File Number: 104123

Registration Dist. No.:

Date of Birth: May 22 1922

Sex of Child: Female

Father: Leonard LeRoy Nathaway (Full Name)

Mother: Una Florrell Inman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Una Sarah Nathaway
Child's Name in Full

Leonard LeRoy Nathaway
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

615-223-041-319

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

RECEIVED
SEP 6 1922
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104124

Registration District No. 77 File No. .....

Primary Registration District No. 2176 Registered No. 84

FULL NAME OF CHILD Winnifred Fay Wanlass
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 23 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Reuben Wanlass	FULL MAIDEN NAME	Clemie May Cover
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White AGE AT LAST BIRTHDAY 35 (Years)	COLOR	White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. H. Martin

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Driggs Ida

Filed Aug 30/ 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVE... ...EASONS WHY A CERTIFICATE OF BIRTH
BE FILED FOR EACH CHILD AND THE SAME COMPLETED ...

DECEASED

The name of your baby was not filled in on the birth certificate sent to this office. It is of [illegible]ance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Victor
- Street:
- County: Teton

File Number: 104124

Registration Dist. No.: 23

Sex of Child: Female

Date of Birth: May 23 1922

Father: Reuben Fowks Wanlass
Full Name

Mother: Clennie Mae Cover
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Winnifred Fay Wanlass
Child's Name in Full

.....
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245:219.041-263

PLACE OF BIRTH

RECEIVED SEP 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Registration District No. 77 File No. 104125

Hospital ..... Primary Registration District No. 2176 Registered No. 78

FULL NAME OF CHILD Ruby Kunz
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 19 1922

What bactericidal solution was used in eyes? 20 Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Milford M Kunz	FULL MAIDEN NAME	Lucy Kochinka
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Marker

Physician
(Physician or midwife)

Address Driggs Ida

Filed Aug 30 1922 Martha Marker
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

7-25-75

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 25 11 50 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 104125

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Kunz (Name on Original Certificate) who was born (Was Born or Died) on July 19, 1922 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Ruby Kunz

Subscribed and sworn to before me this ..... day of
See attached fc, 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Beneficial Life Ins. Co. Official receipt # 10971 issued October 1948 gives name as Ruby Kunz Adamson.
Viewed by V.S.

Marriage Certificate gives name as Ruby Kunz married to Kenneth Adamson on March 25, 1942. Issued by Isaac M. Dougall, Judge, Fifth Judicial Dist of Idaho.
Viewed by V.S.

Church record states that Milford Nephi Kunz was father of Ruby Kunz born July 19, 19 1922 in Victor Idaho. Baptized April 21, 1931.
Viewed by V.S

IDAHO DEPARTMENT OF HEALTH.
BUREAU OF VITAL STATISTICS

JUL 25 1975

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 104125

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mildred Kunz (Name on Original Certificate) was born (Was Born or Died) on July 19, 1922 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Pearl Mildred Kunz	Ruby Kunz was born July 19 1922 second daughter

Subscribed and sworn to before me this .....day of
....., 19.....

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....

Signed.....
(Signature of Any Credible Person)

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

.....
(Street Address, City, State)

FORM DH 60-155 CL 5/9/75 nm

May 10 1975

you have the two girls mixed up
a little
Kunz
Pearl Mildred was born
April 26 1920. In Teton County

and
Ruby Kunz was born July 19-1922.
also in Teton county.
I am the father of both these girls.
Their mother name was Lucy Kochinke
Kunz (deceased)
My name is Milford Myrl Kunz.

This lady was having a hard time understanding that we were correcting her birth certificate to read Ruby Kunz. Her sister that she talks about already has a birth certificate on file under # 80260.

Since the father states above that Ruby was born July 19, 1922 and this is the identical signature that is on an affidavit under file # 80260, I am correcting it with the above signature from the father and the documents recorded on back of affidavit.
fc

397-130-041-5-14

PLACE OF ~~BIRTH~~

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Registration District No. 77 File No. 104126

Hospital .....

Primary Registration District No. 9176 Registered No. 77

FULL NAME OF CHILD JAMES HOWARD ~~Howard Tiffetts~~ TIPPETS
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 30 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	Arthur ~~Tiffetts~~ TIPPETS	Sarah Eames
RESIDENCE	Driggs Ida	Driggs Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	40
BIRTHPLACE	Utah	Utah
OCCUPATION	Merchant	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 3 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Give names added from a supplemental report.

..... 19....

..... Registrar.

Address Driggs, Ida

Filed Aug 30 1922 Martha Marker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Bannock, }

Certificate No. 104126

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Howard Tippetts, (Name on Original Certificate) who was born (Was Born or Died) on June 30th, 1922 (Date of Event)
in Driggs, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family and Church Records prepared on about November 1922 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Tippetts	Tippets
Name	Howard	James Howard Tippets

Subscribed and sworn to before me this sixth
day of October, 19 42.

Thos. J. Turner,
Notary Public, residing at Pocatello, Idaho.
My commission expires October 15th, 1944.
(Seal)

Signed Mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

930 W. Center Street, Pocatello, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bannock, }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this sixth
day of October, 19 42.

Thos. J. Turner,
Notary Public, residing at Pocatello, Idaho.
My commission expires October 15th, 1944.
(Seal)

Signed Arthur Tippets
(Signature of Any Credible Person Other Than Previous Year)
Father.

930 W. Center St., Pocatello, Idaho.
(Street Address, City, State)

AUG 13 1957

OCT 12 1942

213-228-0411-883

RECEIVED SEP 5 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104127

County of Teton

City of Driggs — Registration District No. 77 — File No.

No. ____ St.

Primary Registration District No. 2176 — Registered No. 74

Hospital

FULL NAME OF CHILD Bonnie Marie Bachtell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct. 28 1922

	FATHER	MOTHER
FULL NAME	Howard Ford Bachtell	Cora Fulton
RESIDENCE	Driggs Rt 2	Driggs Rt 2
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	24 (Years)
BIRTHPLACE	S D	Utah
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

(Signature) Chas F Marker

Physician

(Physician or midwife)

Address Driggs Rt 2

Filed Aug 30 — 1923

Martha Marker

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-213-041-544

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
SEP 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Teton

City of Driggs

Registration District No. 77 File No. 104130

No. ..... St.

Primary Registration District No. 2176 Registered No. 72

Hospital home

FULL NAME OF CHILD Florence Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		yes	May 13 1922

FATHER		MOTHER	
FULL NAME	Frank M. Price	FULL MAIDEN NAME	Goldy May Edmiston
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Nephi Utah	BIRTHPLACE	Mapleton Utah
OCCUPATION	farmer	OCCUPATION	mother

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Beesley

Midwife Driggs Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Aug 30/ 1922 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Driggs Idaho

Street: Little Cove

County: Teton

File Number: 104130

Registration Dist. No.:

Sex of Child: Female

Date of Birth: May 13 192x.

Father: Frank Milan Price (Full Name)

Mother: Goldy May Edmiston (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Florence Price

Child's Name in Full

Mrs. Goldy M. Price

Signature of Father or Mother

Birth registration is part of every child's birthright.

1942 It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

1943 SEP 6

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-28

PLAC[redacted]

RECEIVED AUG 17 1922 BUREAU OF STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104132

County of [redacted]

City of Twin Falls

Registration District No. 37 File No.

No. 127 9th Ave E. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Joyce Corey

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	6 18 1922

FATHER	MOTHER
FULL NAME: Wade Edward Corey	FULL MAIDEN NAME: Clara Jane Campbell
RESIDENCE: Twin Falls, Idaho.	RESIDENCE: Twin Falls, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Albion, Wash.	BIRTHPLACE: Metz, Me.
OCCUPATION: Window Trimmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

Approximate ages. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Sawyer

Osteopathic Physician
(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

19

K
Registrar

Filed Aug 9- 1922 John F. Geoghegan
Registrar

MAR 10 1958
MAR 3 1965

165-218-042-749

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly R.F.D. No. 1

Registration District No. 37 File No. 104135

No. Z St.

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Helen Marine Jones

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female			4	yes	7 (Month) 18 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Floyd Jones	FULL MAIDEN NAME: Sadie Purvine
RESIDENCE: Kimberly R.F.D.No. 1 Idaho	RESIDENCE: Kimberly R.F.D.No. 1 Idaho
COLOR: white — AGE AT LAST BIRTHDAY: 36 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Nebraska
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was borne alive (Born alive or stillborn), at 6:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benjamin H. Rouse, M.D. Reg. No. M1218

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed Aug. 9-22 19

John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SVERAL REASONS WHY A CERTIFICATE OF BIRTH
EACH CHILD AND THE SAME COMPLETED WITH

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Kimball

Street

County Twin Falls

File Number 104136

Registration Dist. No.

Date of Birth July 18 1922

Sex of Child Female

Father Orson Floyd Jones. (Full Name)

Mother Sadie Etta Purrance. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Helen Maxine Jones. (Child's Name in Full)

Mrs. Floyd Jones (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

236-129-042-5

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 27 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Rural No II

No. — St.

Registration District No. 37

File No. 104136

Hospital —

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
male	—		—	yes.	June	29	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	E. G. Scott	FULL MAIDEN NAME	Emma F. Eggleston
RESIDENCE	Twin Falls Rural II	RESIDENCE	Twin Falls Ida Rural II
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Virginia	BIRTHPLACE	Oklahoma
OCCUPATION	State shipping Insp. (Ida)	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Emer

Phy.
(Physician or midwife)

Address Twin Falls Ida

Filed July 9, 1922 John D'Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup 22- Dc 51- 2076

266-128-042-132

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Kimberly
No. ..... St.
Hospital .....

Registration District No. 37
Primary Registration District No. No 85

File No. 104137
Registered No. .....

FULL NAME OF CHILD Curtis Darrell Bower
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	6 28 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Curtis William Bower	FULL MAIDEN NAME	Marguerite Atkin
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Colo	BIRTHPLACE	Rock Creek, Ida
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C D Weaver
Physician
(Physician or midwife)

Address Twin Falls, Ida

Filed July 11, 1922 John T Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-115-042-313

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

Registration District No. 37 File No. 104138

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD James Wallace Pennock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		70	6 15 1922

What bactericidal solution was used in eyes? Ag N/Q

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Jennie Pennock	FULL MAIDEN NAME	Hallie Gate
RESIDENCE		RESIDENCE	Kimberly Ida.
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE		BIRTHPLACE	Tennessee
OCCUPATION		OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike
Physician
(Physician or midwife)

Address Twin Falls Ida.

Filed July 11 1922 John W Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP - 9 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Kimberly Idaho

Street: .....

County: Twin Falls

File Number: 104138

Registration Dist. No.: 9

Date of Birth: June 15 192.2

Sex of Child: Male

Father: Jimmie Pennock (Full Name)

Mother: Hallie Tate (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Wallace Pennock

Child's Name in Full

Hallie Tate

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

264-228-027-296 Co. & city of birth, father & mother's residence and mother's state of birth amended 11/13/85 tlc

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
JEROME

County of ~~Twin Falls~~

City of ~~Milner~~ HAZELTON

No. ..... St.

Hospital .....

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 104139

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Barbara Helen Boden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar. (Month) 28 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Morgan Ellis Boden	FULL MAIDEN NAME	Sarah F. Bronson
RESIDENCE	Hazelton ~~Milner~~ Ida	RESIDENCE	Hazelton ~~Milner~~ Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Brigham City Utah	BIRTHPLACE	Yost ~~Ida~~ UTAH
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bruce Ida

Filed 7 19 1922

John F. Coughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 1970

10/30/85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 104139
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Barbara Helen Boden (Name on Original Certificate) who was born (Was Born, Died, etc.) on Mar. 28, 1922 (Date of Event) in Milner, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Place of birth	Twin Falls Co., Milner	Jerome Co. Hazelton
father's residence	Milner	Hazelton
mother residence	Milner	Hazelton
mother's birthplace	Yost, Idaho	Yost, Utah

Subscribed and sworn to before me this 30 day of October, 1985

Notary Public, Teresa D. Clegg

Residing at Boise, Idaho

My commission expires April 3, 1991

(Seal)

Barbara Hedges
Signature of Applicant

Box 133 - Ulma, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

NOV 1 3 1985

brother's birth certificate (younger) born in Idaho, Hazelton, Idaho. date of birth Nov. 17, 1928. viewed by v.s. Also sho mother place of birth as Yost, Utah.
Older brother's birth certificate born Aug. 31, 1920 in Hazleton, Idaho. Jerome. residence of parents Hazelton, Idhao. viewed by vs. tlc mother's place of birth listed as Utah.

Certificate of Baptism for Barbara Helen Boden daugher of Morgan Ellis Boden and Sra L. Bronson. born Mar. 28, 1922 in Hazelton, Idaho. baptized June 7, 1931. LDs Church, Burley 1st ward, Idaho. viewed by tlc

399-128-042-314

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Twin Falls RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104140

City of Amsterdam Registration District No. 34 File No.

No. — St.

Hospital — Primary Registration District No. 2083 Registered No.

FULL NAME OF CHILD Mertis Merle Triggs

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male	—		—	Yes	6 - 28 - 22

FATHER		MOTHER	
FULL NAME	Orville W Triggs	FULL MAIDEN NAME	Esther Camp
RESIDENCE	Amsterdam	RESIDENCE	Amsterdam
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Leete

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 7 19 1922 John H Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1949

119-208-042-215

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of ✓

No. RFD. Filer St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 104141

Primary Registration District No. 2080 Registered No.

FULL NAME OF CHILD Jarman, Alice May

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	July (Month) -8- (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lionel E. Jarman	FULL MAIDEN NAME	Sarah K Sant
RESIDENCE	Filer R.F.D.	RESIDENCE	Filer R.F.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Clawson Ida	BIRTHPLACE	Salt Lake Ut.
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth -1- Number of children of this mother now living, including present birth -1-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive [redacted]), at 7 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Alexander

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Twin Falls Idaho

Filed July 13 1922 John T. Coughlin Registrar

Registrar

Ag NO 31 % in eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 12 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, SEP - 9 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Filer

Street: .....

County: Twin Falls

File Number: 104142

Registration Dist. No. .....

Date of Birth: July 8 192 2

Sex of Child: Female

Father: Lionel Edward Jarman (Full Name)

Mother: Sarah Kimball Sa (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alice May Jarman (Child's Name in Full)

Mrs. L. E. Jarman (Signature of Father or Mother)

JUN 1 0 1971

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage l legitimacy.

It enables the Public Health Nurse to make sure the child has n protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

635·228·042 -655

Form V. S. No. 11-A 25m-1-1-13

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

...E OF IDAHO
...F VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Kimberly

No. ..... St.

Hospital .....

Registration District No. 37

File No. 104144

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD Cora Margaret Fleenor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	7/28 1922

FATHER		MOTHER	
FULL NAME	Marion Swain Fleenor	FULL MAIDEN NAME	Anna Blanche Fender
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	N. Car.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. D. Weaver

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls, Ida.

Filed Aug 9-22 19.... John F. Coughlin

Registrar

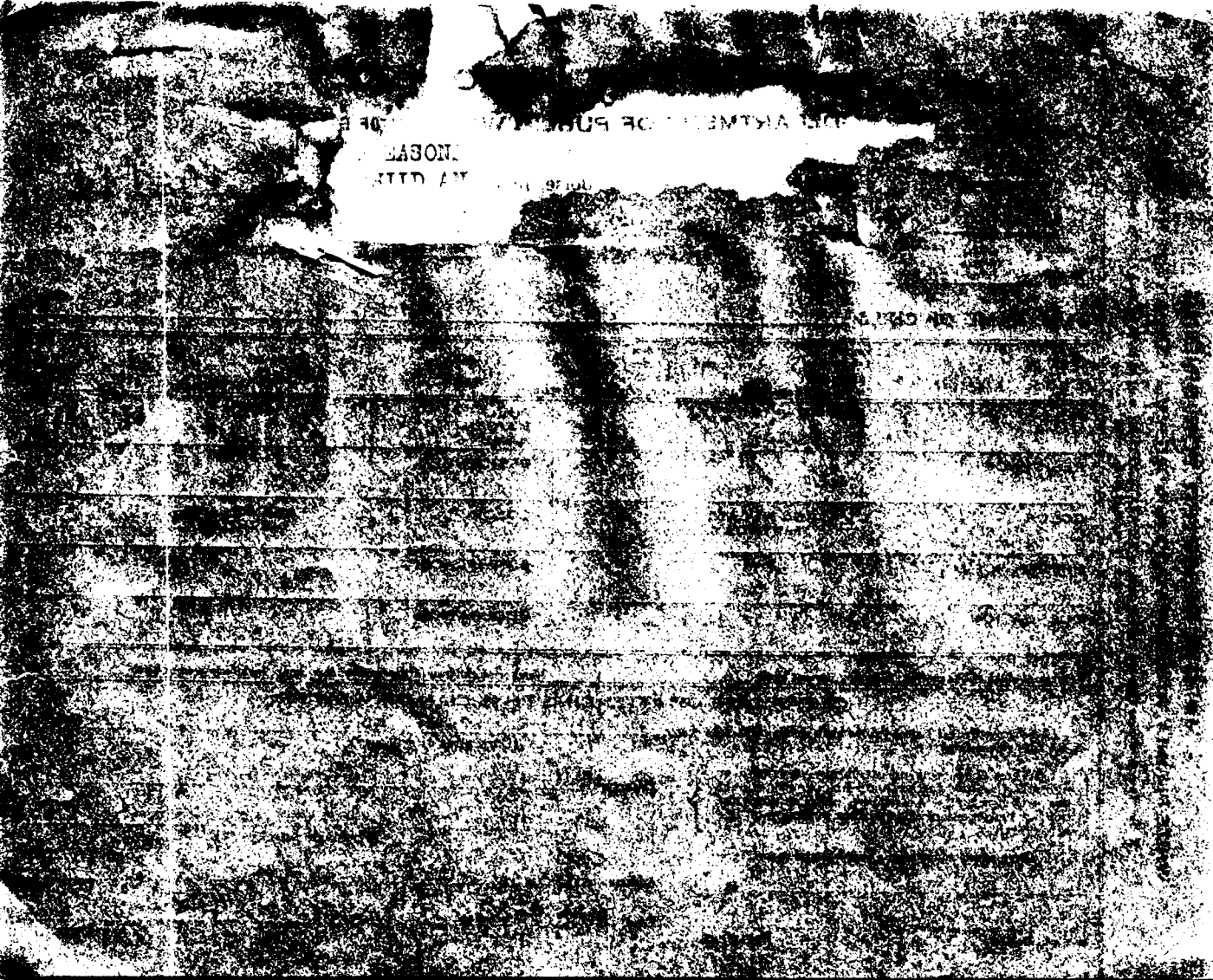
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Kimberly; ~~Street~~: R.1.; County: Twin Falls

File Number: 104144

Registration Dist. No.:

Sex of Child: Female

Date of Birth: July 28 1922

Father: Marion Swain Fleenor (Full Name)

Mother: Anna Blanche Tinder (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Cora Margaret Fleenor
Child's Name in Full

Mrs. Anna Blanche Fleenor.
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

16-8-128-a/2-944

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Twin Falls

CERTIFICATE OF BIRTH

City or R.F.D. Filer, Idaho

Registration District No. 37

File No. 104145

No. ..... St.

Primary Registration District No. 2085

Registered No. ....

Hospital .....

FULL NAME OF CHILD Johnson Harold Bruce

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	✓		✓	Yes	July 28th 1922

FATHER		MOTHER	
FULL NAME	Ralph C. Johnson	FULL MAIDEN NAME	Laura E. Rudolph
RESIDENCE	R.F.D. Filer Idaho	RESIDENCE	R F.D Filer Idaho
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23. (Years)
BIRTHPLACE	Monmouth, Ill.	BIRTHPLACE	Carmi, Ill.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

(Signature) Duncan L. Alexander

Physician
(Physician or midwife)

Address Twin Falls Ida

Filed Aug. 9 1922 John F. Loughlen
Registrar

Ag NO3 1% in Eyes—

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number 104145

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child Male

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

815-128-042-314

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

104146

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 154 North Washington St.

Registration District No. 37 File No.

Hospital

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD. Wilford Eugene Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male				yes	4	28	1922

FATHER		MOTHER	
FULL NAME	Wilford Lorenzo Hansen	FULL MAIDEN NAME	Hattie May Campbell
RESIDENCE	Cache Junction, Utah	RESIDENCE	Cache Junction, Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Driggs, Idaho	BIRTHPLACE	Bates County, Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. L. Lawyer

Osteopathic Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed July 11 1922 John D. Coughlin
Registrar

JAN 30 1968

843-247-042-133

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Twin Falls
No. ..... St.
Hospital .....
Registration District No. 31
Primary Registration District No. 1085
File No. 104147
Registered No. .....

FULL NAME OF CHILD Hutchings
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	6 / 17 / 1922

What bacterieidal solution was used in eyes? Arg. Nit. 2%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Orrin P. Hutchings	FULL MAIDEN NAME	Covia Allen
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ohio
OCCUPATION	Day Laborer	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. F. Pike
Physician
(Physician or midwife)
Address Twin Falls Idaho

Filed July 11 1922 John D. Coughlan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-107-042-214

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

104148

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37

File No. .....

Hospital .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Clyde Jacob Slatter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	7 7 192

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Daniel B Slatter	FULL MAIDEN NAME	Emma Kaufman
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Nebr.	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed July 11, 1922 John W. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CH

- - - - - - - - - - -

OCT 6 1944

1-36-206-042-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU

CERTIFICATE OF BIRTH

104149

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37 File No. .....

Hospital .....

Primary Registration District No. 10 85 Registered No. .....

FULL NAME OF CHILD BERNICE RUTH albin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	7 6 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ivan Grant Albin	FULL MAIDEN NAME	Mary Lillian McCumber
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ill	BIRTHPLACE	Canada
OCCUPATION	Telegrapher	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Twin Falls Ida

Filed July 11 1922 John T. Caughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Fulton } ss.

Certificate No. 104149

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bernice Ruth Albin (Name on Original Certificate) who was born (Was Born or Died) on July 6 1922 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Bernice Ruth Albin

Subscribed and sworn to before me this 3
day of July, 1942

Notary Public, residing at Delta Ohio

My commission expires Mar 16, 1944
(Seal)

Signed Liliam Mae Albin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 17 1942

AUG 20 1942

FEB 19 1975

314-224-042-713

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU

CERTIFICATE OF BIRTH

104150

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37 File No. .....

Hospital ..... Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Margaret Mae Lamoreaux
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	6 24 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Harry Lamoreaux	FULL MAIDEN NAME	Katie Ann Palmer
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Mich.	BIRTHPLACE	Mich
OCCUPATION	Painter	OCCUPATION	house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver
Physician
(Physician or midwife)

Give names added from a supplemental report.

K ....., 19....

Registrar.

Address .....

Filed July 11, 1922 John N. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 4 1942

814-119-042-314

PLACE OF BIRTH

RECEIVED
AUG 17 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104151

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37 File No. .....

Hospital ..... Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Robert Richard Hampton

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	6 19 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robert Norman Hampton	FULL MAIDEN NAME	Lucile Cameron
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	St Mont, Indiana
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 10 A. **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C D Mower

Physician

(Physician or midwife)

Address Twin Falls Clinic Twin Falls Ida

Filed July 11, 1922 John D Coughlin

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1942

912-222-042-884

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County

Registration District No. 37

Primary Registration District No. 1085

File No. 104152

Registered No. .....

FULL NAME OF CHILD Weid (Baby Rasmussen female)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	June 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Viggo Rasmussen.	FULL MAIDEN NAME	Cassie M. Hyde
RESIDENCE	Rock Creek Ida.	RESIDENCE	Rock Creek Ida.
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY ~~19~~ 19 (Years)
BIRTHPLACE	Denmark.	BIRTHPLACE	Canada.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born ~~alive or stillborn~~), at 10:10a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Davis

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kimberly Idaho

Filed July 11, 1922 John Houghlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-122-042 #433

RECEIVED AUG 17 1922

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Ida

Registration District No. 37 File No. 104153

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital County

FULL NAME OF CHILD Joe Edward Grenzeback

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June (Month) 22 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James H Grenzeback	FULL MAIDEN NAME	Cora McLaren
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Western Port Maryland	BIRTHPLACE	Carleton Ontario Canadian
OCCUPATION	Contractor	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~), at 2 45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho

Filed July 11, 1922 John W Coughlin Registrar

Registrar

Silver Nitrate 1%.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-111-0[illegible]225

PLACE OF BIRTH

RECEIVED AUG 17 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls Ida

No. ..... St.

Registration District No. 37 File No. 104155

Hospital County

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD John Wayne Hardin

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	July 11 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth one Number of child of this mother now living, including present birth one

FATHER	MOTHER
FULL NAME Henry Wayne Hardin	FULL MAIDEN NAME Gladys Virginia Skeen
RESIDENCE Kimberley Ida	RESIDENCE Kimberley Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Bradford Illinois	BIRTHPLACE Raincliff Ogden Utah
OCCUPATION Farmer.	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11 45 P. M. (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

(Physician ~~or midwife~~)

Address Kimberly

Filed Aug 9 1922 John F. Coughlin Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 30 19

AUG 2 2 19

389-213-042-168

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Twin Falls
No. ✓ St.
Hospital Twin Falls Co,

Registration District No. 34 File No. 104156
Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD [redacted] Thieman—
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	✓	✓	Yes	July 13 1922

What bactericidal solution was used in eyes? Yes — Ag NO3 1%—

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME William Thieman	FULL MAIDEN NAME Dorothia Johnson
RESIDENCE Twin Falls Co R 7 Dist	RESIDENCE Twin Falls Co R 7 Dist
COLOR W.	COLOR W—
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Republic Co Kans—	BIRTHPLACE Washington Co Kans—
OCCUPATION Farmer	OCCUPATION Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P M. (Born alive or stillborn) on the date above stated. (7 months)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Alexander
Physician
(Physician or midwife)

Address Twin Falls Idaho—

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed July 19 1922 John F Coughlan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-206-042-593

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 17 BUREAU OF VITAL STATISTICS STATE OF IDAHO

County of Twin Falls

City of Twin Falls Ida. Registration District No. 34 File No. 104157

No. ..... St. .....

Hospital County Primary Registration District No. 1082 Registered No. .....

FULL NAME OF CHILD Betty Jean Leedom.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes.	July 6 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	William Ralph Leedom	FULL MAIDEN NAME Irene Agnus Nichley
RESIDENCE	Kimberly Idaho	Kimberly Idaho
COLOR	W	W.
AGE AT LAST BIRTHDAY	25 (Years)	19 (Years)
BIRTHPLACE	Iowa	Cal.
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

(Physician or midwife)

Address Kimberly Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7 19 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 25 1944

249-108-042-667

PLACE OF BIRTH

RECEIVED
AUG 17 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 104158

Registered No. .....

FULL NAME OF CHILD Vernon Elliott Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	7/8 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Glynn Elliott Smith	FULL MAIDEN NAME	Sigrid Maria Fogelberg
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	N. Dak.	BIRTHPLACE	Minn.
OCCUPATION	Mail carrier	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver
Physician
(Physician or midwife)

Address Twin Falls Clinic, Twin Falls, Ida,

Filed July 11, 1922 John F. Caughlan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP - 9 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: Addison Ave

County: Twin Falls

File Number: 104158

Registration Dist. No.:

Sex of Child: Male

Date of Birth: July 8th 192.2.

Father: Glynn Elliott Smith (Full Name)

Mother: Sigrid M Fogelberg (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Vernon Elliott Smith

Child's Name in Full

Glynn E Smith

Signature of Father or Mother

AUG 1 8 19

AUG 1 9 1974

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

295-103-042-213

PLACE OF BIRTH

RECEIVED AUG 1 ... BUREAU ... STA...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Ida.

No. ..... St.

Registration District No. 37

File No. 104159

Hospital County

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD James Sallee Kinney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes.	July 3 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John P Kinney	FULL MAIDEN NAME	Georgia Ruth Sallee
RESIDENCE	327 8th N. Twin Falls Ida	RESIDENCE	327 8th N. Twin Falls Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Percy - Wyo.	BIRTHPLACE	Wallace Missouri
OCCUPATION	Gro. wholesale dealer.	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 00 P M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Laughlin
(Physician ~~or midwife~~)

Address Twin Falls

Filed 7-19 1922 John H Laughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 27 1942

NOV 29 1943

799-106 c 42-63

PLACE OF BIRTH

RECEIV[redacted]
AUG [redacted]
BUREA[redacted]
ST[redacted]

DEPART[redacted]FARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104160

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 34 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Griffard Charles Thomas
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 6 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	G Griffard	FULL MAIDEN NAME	Grace Walton
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mo	BIRTHPLACE	Ark
OCCUPATION	rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 59 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hw Donchel
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Twin Falls, Idaho

Filed 7 19 1922 John F Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 1 1944

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-103-

PLACE O[redacted] HO

Form V. S. No. 11—20m-7-26-19

RECEIVED AUG 17 1922 BUREAU OF VITAL ST[illegible]

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls City of " " St.

Registration District No. 34 File No. 104161

No. St.

Primary Registration District No. 1086 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	7	3	1922

	FATHER	MOTHER
FULL NAME	C R Kemp	Ady Wooldridge
RESIDENCE	Twin Falls	Twin Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	18
BIRTHPLACE	Mo	Mo
OCCUPATION	R R Track man	Housework

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Premature, at 4 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Twin Falls Ida

Filed 7 19 1922 John F Coughlin Registrar.

367218·042-514

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37 File No. 104162

Hospital ..... Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Viola Fern Cope
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	6 18 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	George Simpson Cope	FULL MAIDEN NAME	Ozia Mabel Vaughn
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kansas	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

(Signature) C D Weaver
Physician
(Physician or midwife)

Address Twin Falls Clinic, Twin Falls Ida

Filed July 11 1922 John T Caughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

...AU OF VI...
...TISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Twin Falls, Ida
- Street: .....
- County: Twin Falls

File Number: 104162

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: June 18 1922

Father: Geo. Simpson Cope
Full Name

Mother: Ozia Mable Cope
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Viola Fern Cope
Child's Name in Full

Mrs. Geo. Cope
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH ONE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

151-109-042-499

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 2nd Ave S. E. & 3rd St. E. St.

Registration District No. 37 File No. 104163

Hospital no.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD [illegible] PETE [illegible] Anacabe
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male	~		~	Yes.	July 9 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argerol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Juan Anacabe	FULL MAIDEN NAME	Antonia Urisaborina
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain.
OCCUPATION	Rooming House Prop.	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C A Emer
Phys.
(Physician or midwife)

Address Twin Falls Ida

Filed July 11, 1922 John T Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 12 1966

247-206-042-244

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 104164

No. 226 3rd ave E St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Sakae Sugihara

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July 6th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tokuzo Sugihara	FULL MAIDEN NAME	Kohana Sumida
RESIDENCE	226 3rd ave E	RESIDENCE	226 3rd ave E
COLOR	Japanese	COLOR	Japan
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Okayama Japan	BIRTHPLACE	Okayama Japan
OCCUPATION	Cooks	OCCUPATION	Home wife

WHAT BACTERIOLOGICAL PROTECTION WAS USED IN EYES?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6.30 pm M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tokuzo Sugihara
(Physician or midwife)
(Father)

Given names added from a supplemental report.

19

Registrar.

Address

Filed July 12, 1922 John F. Caughlin
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

638-110-042-296

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104165

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37 File No. .....

Hospital ..... Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Charles Douglas Flynn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male Boy			Yes	7/10/1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Charles Drury Flynn	FULL MAIDEN NAME Bertha Irene Brown
RESIDENCE Twin Falls, Ida.	RESIDENCE Twin Falls, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 10:30 A.M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... **Registrar.**

(Signature) Dr. C. D. Weaver

Physician
(Physician or midwife)

Address Twin Falls Clinic, Twin Falls, Ida.

Filed July 11 1922 John McLaughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-219.0412465

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 104166

No. ____ St.

Primary Registration District No. 1085

Registered No. ____

Hospital County

FULL NAME OF CHILD Virginia June McKinster

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? yes

Date of Birth: 7 (Month) 14 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: Lawrence McKinster	FULL MAIDEN NAME: Lida Montgomery
RESIDENCE: Jerome Ida.	RESIDENCE: Jerome Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Utah
OCCUPATION: Farming	OCCUPATION: Housekeeping

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Caesarean) at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. G. Pike

Physician

(Physician or midwife)

Address Twin Falls Ida

Filed Aug 9-22 19..... John D. Coughlin Registrar

S-Y CO. 24655

STATE OF IDAHO

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number ..... 104166 .....

Registration Dist. No. .....

Date of Birth ..... 192....

Sex of Child ..... Female .....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

[REASONS WHY] A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 29 10 09 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 104166

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed McKinster (female) (Name on Original Certificate) who was born (Was Born or Died) on July 19, 1922 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible record, Insurance Policy, Etc.) prepared on February 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Virginia June McKinster

Subscribed and sworn to before me this 28th day of October, 1975.

Clarence Dennett

Notary Public, residing at Murtaugh, Idaho
My commission expires October 1, 1978
(Seal)

Signed Leda McKinster
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October, 1975.

Clarence Dennett

Notary Public, residing at Murtaugh, Idaho
My commission expires October 1, 1978
(Seal)

Signed Thelma Lee
(Signature of Any Credible Person)

Box 121 Murtaugh, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 10/27/75 lbc pd. rec. #.20231

Membership record from the LDS Church gives name as Virginia June Tolman born July 19, 1922 at Twin Falls, Idaho. father's name given as Lawrence McKinster and mother's name as Leda Montogmery, Baptized Feb 2, 1935. viewed by V. S.

Application to Beneficial Life Ins. Co gives name as Virgini June Tolman born July 19, 1922. Dated Aug. 27, 1943. viewed by V. S.

815-123-042.469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

RECEIVED
AUG 17 192
BUREAU
STATIS

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 104167

Primary Registration District No. 1085 Registered No. _____

FULL NAME OF CHILD Roy Morris Hauby

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	7 / 23 / 1922

FATHER		MOTHER	
FULL NAME	Floyd Hauby	FULL MAIDEN NAME	Ada Elaine Morris
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ark.	BIRTHPLACE	Ark.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C D Weaver

Physician (Physician or Midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 9-22 19.....

John F Loughlin Registrar

S-Y CO. 24699

289-102-042-512

PLACE OF BIRTH

RECEIVED AUG 1[illegible] 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104168

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes.	7 - 2 1922

What bactericidal solution was used in eyes? Ag NO3 2%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	Kay Shiozawa	FULL MAIDEN NAME	Tanya Nakao
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls Co
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 3.45P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Coughlin

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed July 14 1922 John D. Coughlin, Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

137-20-042446

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Twin Falls Idaho
No. ..... St.
Hospital County
Registration District No. 37
Primary Registration District No. 1085
File No. 104169
Registered No. .....

FULL NAME OF CHILD Barbara Allen. Allen.
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	July 4 1922

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Wendell J. Allen	FULL MAIDEN NAME Vera R Amos
RESIDENCE 206 8th Ave North Twin Falls Ida	RESIDENCE 206 8th Ave N Twin Falls Ida
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	BIRTHPLACE Twin Falls Ida.
OCCUPATION Oil Salesman.	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 49 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott
(Physician ~~or midwife~~)
Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 7 19 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-113-ec12-454

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 27 File No. 104170

No. 364- 5th E St. Primary Registration District No. 10 x 5 Registered No.

Hospital

FULL NAME OF CHILD Milon Arthur Wall

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	6-13-22

FATHER		MOTHER	
FULL NAME	Arthur Wall	FULL MAIDEN NAME	Ora Andrus
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Musician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9-15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Rector

Twin Falls Ida (Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed July 14 19 22 John J Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

PUBLIC WELFARE

STAMP

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance ~~to~~ have the ~~full~~ name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 364 N. 5th'

County: Twin Falls

File Number: 104170

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: June 13, 192.2.

Father: Arthur Ray Wall (Full Name)

Mother: Ara Alice Andrus (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Milon Arthur Wall (Child's Name in Full)

Arthur R. Wall

Signature of Father or Mother

NOV 2 1966

OCT 2 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-213-042-168

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Twin Falls

CERTIFICATE OF BIRTH

City of Twin Falls Registration District No. 37 File No. 104171

No. 517-6 ave N St.

Hospital

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Marjorie Cleo Boby Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	No	6 - 13 - 22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ether Carter	Hazel Johnson
RESIDENCE	Twin Falls Ida	Twin Falls Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Utah	Kansas
OCCUPATION	Laborer	Housewoker

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Leete

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed July 1st 1922 John McCaughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691.201.042-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. Kimberly Road St.

Registration District No. 37

File No. 104172

Hospital

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Dorothy Alice France
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 1 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Earl France	FULL MAIDEN NAME	Alice Peterson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	S. Dakota	BIRTHPLACE	Washington
OCCUPATION	Truck driver	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10.15 am M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician
(Physician or midwife)

Address Twin Falls Idaho

Filed July 14 1922 John T. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 3 1973

295-[illegible]-02365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Twin Falls Ida.
No. ..... St.
Hospital County

Registration District No. 37
Primary Registration District No. 1085

File No. 104173
Registered No. .....

FULL NAME OF CHILD Robert Conway Bremer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 6 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Mr George Bremer	FULL MAIDEN NAME	Mrs Delia Conway
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	York Nebraska	BIRTHPLACE	Fair Nebraska
OCCUPATION	Banker.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 00 P.M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson
Physician
(Physician or ~~midwife~~)
Address Twin Falls Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 14 1922 John T. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1966

APR 12 1956

JUL 15 194

359-201-842-395

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 857 Elm St. Registration No. 34 File No. 104174

Hospital Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Marion Fern Terry
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	July 1 1922

What bacteriocidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Ernest Clifton Terry	FULL MAIDEN NAME Sadie Marion Snider
RESIDENCE	Twin Falls	RESIDENCE Twin Falls
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Syracuse N.Y.	Silver City Utah
OCCUPATION	Foreman City	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson
Physician
(Physician or midwife)

Address Twin Falls Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 7 19 1922 John H. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Twin Falls
- Street: 857 Elm 9th East
- County: Twin Falls

File Number: 104174

Registration Dist. No.:

Date of Birth: July 1 1922

Sex of Child: Female

Father: Ernest Clifton Terry
Full Name

Mother: Sadie Marion Tinder
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Marion Joan Terry
Child's Name in Full

Mrs. Ernest C. Terry
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

695-165-042 - 695

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 251-5E St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 1 [illegible] BUREAU

CERTIFICATE OF BIRTH

104175

Registration District No. 37 File No.

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD French

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	June 5 1922

What bacteriocidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James W. French	FULL MAIDEN NAME	Mary Helen French
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Student	OCCUPATION	Homemaker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Church

Physician

(Physician or midwife)

Address Twin Falls, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed July 14 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A [illegible] DEPTH [illegible]
[illegible] CHILD A[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 104175

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child Male

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Child's Name in Full

..... Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

743-101-042-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 104176

No. Highland View Add St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Edgar Ray Puckett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	8 (Month) 1 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Edgar S. Puckett	FULL MAIDEN NAME	Georgiana Hardy
RESIDENCE	Twin Falls, Idaho.	RESIDENCE	Twin Falls, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Alcorn County, Miss.	BIRTHPLACE	Pacheco, Chihuahua, Mexico
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

Argyrolin eyes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:10 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Tauzer

Osteopathic Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed Aug. 9 1922 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: Highland View Add.

County: Twin Falls

File Number: 104176

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Aug. 1 1928

Father: Edgar D. Puckett (Full Name)

Mother: Georgiana Hardy (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edgar Ray Puckett
Child's Name in Full

Mrs. Edgar D. Puckett
Signature of Father or Mother

JUN 25 1942 MAR 16 1949

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-104-09

PLACE OF B[redacted] IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 17 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37

File No. 104177

Hospital .....

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Robert Burgess Johnson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8 4 1922

What bacteriecidal solution was used in eyes? 1% Arg. Nit.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	William LeRoy Johnson	FULL MAIDEN NAME Helen McGee
RESIDENCE	Twin Falls Idaho	Twin Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	33
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Civil Engineering	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Tike

Physician

(Physician or midwife)

Address Twin Falls Idaho

Give names added from a supplemental report.

....., 19.....

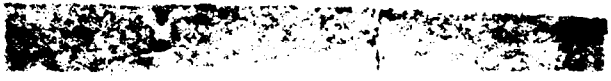
.....
Registrar.

Filed Aug 9-22 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 7, 1941. E.W.



296-211-042-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104178

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No.

No. St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Helen Cedelia Brunnet

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	7 11 1922

FATHER		MOTHER	
FULL NAME	Guy Brunnet	FULL MAIDEN NAME	Blanche Parker
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Auto mechanic	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.15 P M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. G. Fike

Physician (Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Aug 9-22 19.....

John F. Coughlin
Registrar

S-Y CO. 24655

141-214-042-449

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104179

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Carrie Jean Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth: (Month) (Day) (Year)
Female		Yes	7 14 1922

FATHER		MOTHER	
FULL NAME	Ray F. Adams	FULL MAIDEN NAME	Elizabeth Muirhead
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Ida

19

Registrar

Filed Aug 9-22 19 John F. Coughlin Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Twin Falls; Street .....; County Twin Falls

File Number 104179

Registration Dist. No. .....

Sex of Child Female

Date of Birth July 14 1922

Father Raymond F. Adams (Full Name)

Mother Elizabeth Muirhead (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Carrie Jean Adams
Child's Name in Full

Raymond F. Adams
Signature of Father or Mother

RECEIVED
1925
OF VITAL
STATISTICS

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-203-C42-295

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104180

County of Twin Falls

City of Twin Falls — Registration District No. 311 — File No.

No. 1139 8th Ave E. St.

Hospital — Primary Registration District No. 1085 — Registered No.

FULL NAME OF CHILD Ruth Lavon Hammond

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	8	3	1922

FATHER	MOTHER
FULL NAME: Frank Clark Hammond	FULL MAIDEN NAME: Violet Emma Binnal
RESIDENCE: Twin Falls, Idaho	RESIDENCE: Twin Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Grantsville, Utah	BIRTHPLACE: Granger, Utah
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 7

Argyro sun eyes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) H. B. Sawyer

Osteopathic Physician
(Physician or midwife)

Address Twin Falls

Filed Aug 9- 1922 John T. Coughlin
Registrar

STATE OF IDAHO

RECEIVED
17 1922
OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

SEP - 9 1922

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Twin Falls
- Street: 8th Ave East
- County: Twin Falls

File Number: 104180

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: August 3rd 1922

Father: Frank Clark Hammond
Full Name

Mother: Violet Emma Binnall
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ruth Lavon Hammond
Child's Name in Full

Mrs. Frank C. Hammond
Signature of Father or Mother

JUN 3

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

864-283-042-432

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Castleford
No. ____ St.
Registration District No. 39
File No. 10418
Hospital ____
Primary Registration District No. 2087
Registered No. ____

FULL NAME OF CHILD LaVerne N. Houk
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	and		Yes.	7-3-192[illegible]

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 | Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Arthur Houk	Fraser McKinnis
RESIDENCE	Castleford Ida.	Same.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	43	29
BIRTHPLACE	Kan.	Mo
OCCUPATION	Farmer.	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 345 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphey M.D.
(Physician or midwife)

Address Buhl Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed JUL 10 1922 J. N. Murphey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
SEP 26 12 24 PM '73
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Marin } ss.

Certificate No. 104181

Date Filed SEP 26

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Houk (female) (Name on Original Certificate) who was born (Was Born or Died) on July 3, 1922 (Date of Event)
in Castleford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	LaVerne Nina Houk

Subscribed and sworn to before me this 18 day of Sept., 19 73

OFFICIAL SEAL
R. HAYES CULPEPPER
NOTARY PUBLIC CALIFORNIA
COUNTY OF MARIN
My Commission Expires Dec. 29, 1974

Signed Agatha Houk Jacobsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at San Rafael
My commission expires
(Seal)

14 Carmino Del Herrera
(Street Address, City, State) San Anselmo Calif 94960

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Marin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of Sept., 19 73

OFFICIAL SEAL
R. HAYES CULPEPPER
NOTARY PUBLIC CALIFORNIA
COUNTY OF MARIN
My Commission Expires Dec. 29, 1974

Signed Jay I. George
(Signature of Any Credible Person)

Notary Public, residing at San Rafael
My commission expires
(Seal)

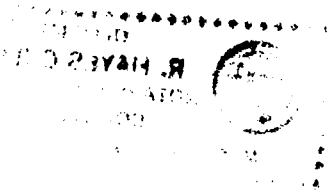
218 Cambridge St.
(Street Address, City, State) Novato, California 94947

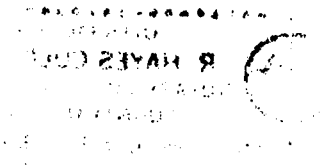
FORM DH 60-155 CL 8/23/73 NM

Social Security Card (518-20-1201) gives namd as LaVerne N. Tjarnberg. Viewed by V. S.

Certificate of Marriage from Washington gives groom/s name as Ralph W. Tjarnberg and the bride's name as LaVerne Hank. dated April 12, 1945. Viewed by V. S.

OCT 3 0 1973





466-112 042-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104182

RECEIVED
AUG 18 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls City of Buhl No. St.

Registration District No. 34 File No.

Hospital Primary Registration District No. 2087 Registered No.

FULL NAME OF CHILD Max Melvin Moore
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	7-17 1922

What bactericidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	O. J. Moore.	FULL MAIDEN NAME	Erma Johnson
RESIDENCE	Buhl.	RESIDENCE	Same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Wrigley M.D.
(Physician or midwife)

Address Buhl Ida

Filed JUL 20 1922 J. H. Wrigley
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

2

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City ....Buhl Idaho.....
- Street .....
- County .....Twin Falls....

File Number .....104182.....

Registration Dist. No. .....

Date of Birth ...July 12.....1922.

Sex of Child.....Male.....

Father ..Sherman Jessie Moore..... Mother ...Irma Johnson ~~Moore~~.....
Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....Max Melvin Moore.....
Child's Name in Full

.....Irma Moore.....
Signature of Father or Mother

APR 2 1 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

38-118-042-653

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 10 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104183

County of Twin Falls
City of Buhl
No. ____ St. ____
Registration District No. 39
File No. ____
Hospital ____
Primary Registration District No. 2087
Registered No. ____

FULL NAME OF CHILD Jack Olin Charlton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	and		Yes.	7-14 192

What bactericidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	L. F. Charlton	FULL MAIDEN NAME	Vernie Wetenkamp
RESIDENCE	Buhl.	RESIDENCE	Same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Neb.
OCCUPATION	Laborer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl Ida.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed JUL 20 1922 192.. J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10

SEP - 9 1922

Boise, Idaho, ... 19

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital imp ance to have the full name included in the record. Kindly fill in the information requested in the blank b and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street: 505 - 12th Ave

County: Twin Falls

File Number: 104183

Registration Dist. No.: Buhl #2

Sex of Child: Male

Date of Birth: July 15 19 22

Father: David Frank Charlton
Full Name

Mother: Vernie Marian Wetzel
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Jack Olin Charlton
Child's Name in Full

Mrs. Vernie Charlton
Signature of Father or Mother

OCT 29 1948

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
R EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

registration is part of every child's birthright.
stablishes legally the date of the child's birth, parentage
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rnish certified copies of certificates of birth, it is im-
the certificates be filed with the BUREAU OF VITAL STATIS-
same completed by furnishing the name of the child.

EASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

419-24.042-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104184

County of Twin Falls
City of Buhl
No. ____ St. ____
Hospital ____
Registration District No. 39
Primary Registration District No. 2087
File No. ____
Registered No. ____

FULL NAME OF CHILD Maureen Eleanor Darrow
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	7 14 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Howard C Darrow	FULL MAIDEN NAME	Grace Harris
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wis.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
(Physician or midwife)
Address Buhl Idaho

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed JUL 31 1922
J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

862-116-042-299

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

RECEIVED AUG 18 1922 BUREAU OF VITAL STATISTICS

No. ..... St. ..... Registration District No. 39 File No. 104185

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Clifford Eugene Hobson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	7 16 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chester V Hobson	FULL MAIDEN NAME	Sarah Bristow
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebr.,	BIRTHPLACE	Tenn.,
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Thielbicky
Phys.
(Physician or midwife)

Address Buhl Ida

Filed JUL 31 1922 192 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/2/41 L. B.

863-117-042-575

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 13 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104186

County of Twin Falls

City of Buhl

No. ..... St. ..... Registration District No. 39 File No. .....

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD ROBERT MAURICE HOLLIFIELD
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	7 17 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	William Hollofield	FULL MAIDEN NAME	Anna Vanzante
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	N. Carolina	BIRTHPLACE	Iowa
OCCUPATION	Housewife	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Fred Clucky
Phys.
(Physician or midwife)

Give names added from a supplemental report.

..... by .....

..... Registrar.

Address Buhl Ida

Filed JUL 31 1922 192 J. H. Murphy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 13 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 104186
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Robert Maurice Hollifield (Name on original certificate) who born (Was born or died) on July 17, 1922 (Date of event)
in Buhl, Idaho (Place of event) ~~are erroneous or were omitted,~~ and that, to the best of his knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on short time after birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Hollofield	Robert Maurice Hollifield

Subscribed and sworn to before me this 10th
day of January, 1942

R L Jenkins
Notary Public residing at Twin Falls, Idaho.

My commission expires 3/17/45
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

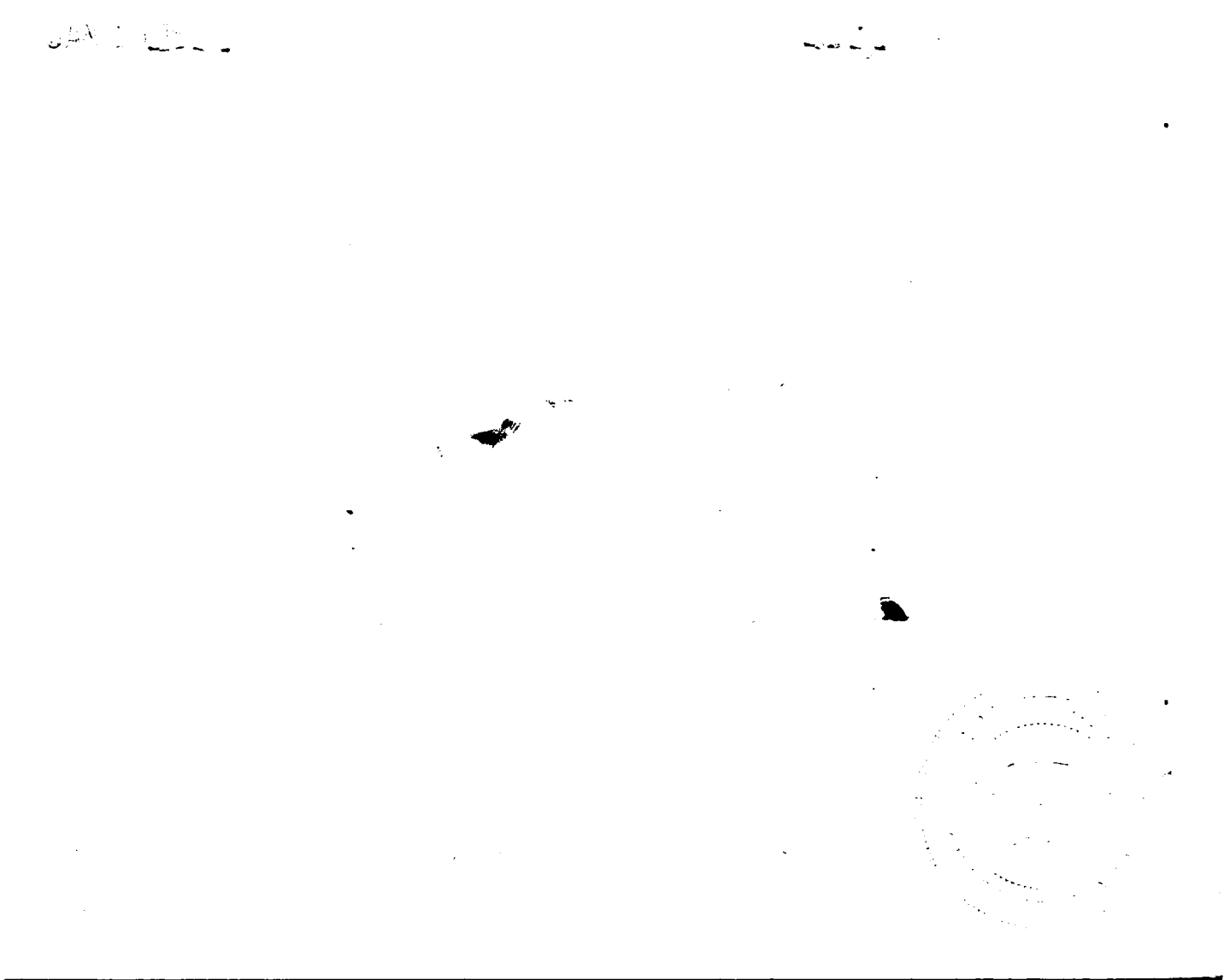
Subscribed and sworn to before me this 10th
day of January, 1942

Notary Public, residing at Twin Falls
My commission expires 3/17/42
[SEAL]

Signed William A. Hollifield
(Signature of any credible person other than the previous affiant.)

Hansen, Idaho, Rt 1.
(Street Address, City, State)

Received for filing on JAN 13 1942 By
(Registrar's signature)



389-119-042-962

RECEIVED
AUG 1 [illegible] 19[illegible]
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 104187

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ernest Manly ~~Chriswell~~ Chriswell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Chriswell	FULL MAIDEN NAME	Julia Minnie Rose
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Franklin A. Marsh

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 7-21 1922 J. H. Murphy Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
SEP 18 1922

STATE OF IDAHO

...NT OF PUBLIC WELFARE

Boise, Idaho, SEP - 9 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Rutland
- Street: .....
- County: Twin Falls

File Number: 104187

Registration Dist. No.: Not known

Sex of Child: Male

Date of Birth: July 19th 1922

Father: John Chriswell (Full Name)

Mother: Julia Minnie Rose (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ernest Murdy Chriswell
Child's Name in Full

Mrs J. M. Chriswell
Signature of Father or Mother

JUN 14 1973

AUG 4 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

132-121-042-296

PLACE OF BIRTH

RECEIVED AUG 18 192 BUREAU OF VI STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 104188

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Earl Monroe Atkins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	7 21 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. W. Atkins	FULL MAIDEN NAME	Vesta Bious
RESIDENCE	Three Creek	RESIDENCE	Three Creek
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Okla	BIRTHPLACE	Tenn.
OCCUPATION	Sheep Raising	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:12 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Buhl Ida

Filed JUL 31 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1 1945

458-123-042-344

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 104189

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Paul Fredrick Meyer
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	7 23 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Earnest A Meyer	FULL MAIDEN NAME	Clara Ludwig
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kans	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F McClusky

Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Buhl Ida

Filed JUL 31 1922 192.. J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

613 224-042 862

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls. City of Buhl. No. ..... St.

Registrar's No. 39 File No. 104190

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Adda Tamiko Watanabe
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	7-24 192

What bacterioidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Bee Watanabe	FULL MAIDEN NAME	Kator Yoshioka.
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	Yellow.	COLOR	Yellow
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed JUL 31 1922 J. W. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 7 1948

866.124.042-315

PLACE OF BIRTH

RECEIVED AUG 18 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 104191

Hospital .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Benjamin Nathan Howard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	7 24 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	H. B. Howard	FULL MAIDEN NAME	Sarah Tannehill
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Swinden England	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. McCluskey
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Buhl Ida

Filed JUL 31 1922 192.. J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC W[illegible]

Boise, Idaho, ... 192[illegible].

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley RR 5

Street: .....

County: Twin Falls

File Number: 1041 91

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: July 24 1922

Father: Herbert Benjamin Howard
Full Name

Mother: Sarah Lydia
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Benjamin Nathan Howard
Child's Name in Full

H B Howard
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

842.226 (042) 714

PLACE OF BIRTH

RECEIVED
AUG 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104192

County of Twin Falls. City of Buhl No. ..... St.

Registration District No. 39 File No. .....

Hospital ..... Primary Registration District No. 2-087 Registered No. .....

FULL NAME OF CHILD Mary Yushausto
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	7-26-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Pedro Yushausto	FULL MAIDEN NAME	Teresa Laudato.
RESIDENCE	Buhl.	RESIDENCE	Same.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Spain	COLOR	W.
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	Spain
		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Filed JUL 31 1922 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUD of 22-DE78-496

264-227-042-799

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

File No. 104193

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Lillie Kodesh
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	7 27 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Theodore Kodesh	FULL MAIDEN NAME	Millie Prilucik
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Bohemia	BIRTHPLACE	Texas
OCCUPATION	Machanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys.
(Physician or midwife)

Address Buhl Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed JUL 31 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 7 1951

DECEASED

914-229-042-399

PLACE OF BIRTH

RECEIVED
AUG 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Registration District No. 39 File No. 104194

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Lila Ruth Radford

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	7-29-1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Arthur Chester Radford	Ila Tennessee Crisp
RESIDENCE	Buhl	Buhl
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	33	34
BIRTHPLACE	Mo	Mo
OCCUPATION	Salesman	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Leo. J. Jennings MD
(Physician or midwife)

Address Buhl

Filed JUL 31 1922 J. W. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Buhl
Street: McCullum Add.
County: Twin Falls

File Number: 104194

Registration Dist. No.: 2 Buhl

Date of Birth: July 29 1922

Sex of Child: Fem.

Father: Arthur C Radford
Full Name

Mother: Ila Crisp
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Lila Ruth Radford
Child's Name in Full

A C Radford
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

731-130-042-635

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 1[illegible] 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ~~Buhl~~

No. Castleford St.

Registration District No. 39 File No. 104195

Hospital

Primary Registration District No. 2087 Registered No.

FULL NAME OF CHILD Robert Gilbert Glass.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	7-30-1922

What bactericidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	David Glass	FULL MAIDEN NAME	Nanna Fleming ~~[illegible]~~
RESIDENCE		RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Wash.
OCCUPATION	Civil Engineer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10.20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Buhl Ida

Filed JUL 31 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

613-227-042-168

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 104196

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD CLARIBELLE WALCOTT
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	7 31 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence Walcott	FULL MAIDEN NAME	Faye Ruth Johnson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Mich	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn), at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys.
(Physician or midwife)

Address Buhl Idaho

Filed JUL 31 1922 192 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

STATE OF IDAHO JAN 15 1943

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 104196

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Claribelle Walcott (Name on Original Certificate) who was born (Was Born or Died) on July 31, 1922 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by State Record (Bible Record, Insurance Policy, Etc.) prepared on July 31, 1922. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Claribelle Walcott

Subscribed and sworn to before me this 14 day of Jan, 1943

Notary Public, residing at Buhl Ida

My commission expires July 30-1944 (Seal)

Signed Faye Ruth Walcott
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

405- 8th Ave. N.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of Jan, 1943

Notary Public, residing at Buhl Ida.

My commission expires July 30-1944 (Seal)

Signed Clarence Walcott
(Signature of Any Credible Person Other Than Previous Year)

405- 8th Ave. N Buhl, Ida
(Street Address, City, State)

FEB 1 3 2006

JAN 1 8 1943

JAN 1 8 1945

796-115-042-491

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 17 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

Registration District No. 36 File No. 104197

No. ..... St.

Primary Registration District No. ..... Registered No. 30

Hospital Home

FULL NAME OF CHILD John Drake Provost

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June 15, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Noel Louis Provost	FULL MAIDEN NAME	Nettie ~~Provost~~ Drake
RESIDENCE	Hansen, Id.	RESIDENCE	Hansen, Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Stromsberg, Neb.	BIRTHPLACE	Humphrey, Neb.
OCCUPATION	Teacher	OCCUPATION	Sol Argyrol 20%. Housewife

WHAT BACTERICIDAL SOLUTION WAS USED IN EYES

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. Passer, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Id.

Filed July 10 22 J. N. Davis

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 12 1942

AUG 23

613-104-642-413

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1942
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

104198

County of Twin Falls
City of Murtaugh
No. ____ St. ____
Hospital home
Registration District No. 36
Primary Registration District No. ____
File No. ____
Registered No. 31

FULL NAME OF CHILD Hollis Eugene Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	July 4 1922

What bactericidal solution was used in eyes? argyrol 10 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Edward F.Walker	FULL MAIDEN NAME: Fannie Mathews
RESIDENCE: Murtaugh, Idaho	RESIDENCE: Murtaugh, Idaho.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Mo.
OCCUPATION: Barber	OCCUPATION: Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J M Davis

physician (Physician or midwife)

Address Kimberly, Idaho

Filed July 14 1922 J M Davis Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/20/41 L. B.

APR 24 1944

249206-042-361

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

County of Twin Falls
City of Kimberly,
No. ..... St. .....
Registration District No. 36
File No. 104199
Hospital home
Primary Registration District No. .....
Registered No. 32

FULL NAME OF CHILD Ruth LaVerne Burkhalter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	July 6, 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Carl S.Burkhalter	FULL MAIDEN NAME	ETHEL COATES
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Lumber Yard foreman	OCCUPATION	HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A/ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. M. Davis

Physician
(Physician or midwife)

Address Kimberly, Idaho

Filed July 16 1922 J. M. Davis Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/16/41 L. B.

NOV 19 1956

380-208-042-652

PLACE OF BIRTH

RECEIVED
AUG 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 104200

County of Twin Falls

City of Hansen

No. ..... St. ..... Registration District No. 36 File No. .....

Hospital home Primary Registration District No. ..... Registered No. 33

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	July 8 1922

What bactericidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Abner Thorn	FULL MAIDEN NAME	Ola Chloe Webb
RESIDENCE	~~Hansen~~ deceased	RESIDENCE	Hansen, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Tenn
OCCUPATION	farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed July 18, 1922 J. M. Davis
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.